

AHCCCS 837 Institutional Codes and Values Mapping Final DRAFT

#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
1.	Transaction Set Header/ Transaction Set Identifier Code	Transaction Set Header - ST01	837 – Health Care Claim	No Current Equivalent	837 – Health Care Claim
2.	Beginning of Hierarchical Transaction/ Hierarchical Structure Code	Beginning of Hierarchical Transaction - BHT01	0019 – Information Source, Subscriber, Dependent	No Current Equivalent	0019 – Information Source, Subscriber, Dependent
3.	Beginning of Hierarchical Transaction/ Transaction Set Purpose Code	Beginning of Hierarchical Transaction - BHT02	00 – Original 18 – Reissue	No Current Equivalent	00 – Original 18 – Reissue
4.	Beginning of Hierarchical Transaction/ Transaction Type Code	Beginning of Hierarchical Transaction - BHT06	CH – Chargeable RP – Reporting	No Current Equivalent	CH – Chargeable RP – Reporting
5.	Transmission Type Identification/ Reference Identification Qualifier	Transmission Type Identification - REF01	87 – Functional Category	No Current Equivalent	87 – Functional Category
6.	Submitter Name/ Entity Identifier Code	1000A - NM101	41 – Submitter	No Current Equivalent	41 – Submitter
7.	Submitter Name/ Entity Type Qualifier	1000A - NM102	1 – Person 2 – Non-Person Entity	No Current Equivalent	1 – Person 2 – Non-Person Entity
8.	Submitter Name/ Identification Code Qualifier	1000A - NM108	46 – Electronic Transmitter Identification Number (ETIN)	No Current Equivalent	46 – Electronic Transmitter Identification Number (ETIN)
9.	Submitter EDI Contact Information/ Contact Function Code	1000A - PER01	IC – Information Contact	No Current Equivalent	IC – Information Contact
10.	Submitter EDI Contact Information/ Communication Number Qualifier	1000A - PER03	ED – Electronic Data Interchange Access Number EM – Electronic Mail FX – Facsimile TE – Telephone	No Current Equivalent	ED – Electronic Data Interchange Access Number EM – Electronic Mail FX – Facsimile TE – Telephone
11.	Submitter EDI Contact Information/ Communication Number Qualifier	1000A - PER05	ED – Electronic Data Interchange Access Number EM – Electronic Mail EX – Telephone Extension FX – Facsimile TE – Telephone	No Current Equivalent	ED – Electronic Data Interchange Access Number EM – Electronic Mail EX – Telephone Extension FX – Facsimile TE – Telephone
12.	Submitter EDI Contact Information/ Communication Number Qualifier	1000A - PER07	ED – Electronic Data Interchange Access Number EM – Electronic Mail EX – Telephone Extension FX – Facsimile TE – Telephone	No Current Equivalent	ED – Electronic Data Interchange Access Number EM – Electronic Mail EX – Telephone Extension FX – Facsimile TE – Telephone

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13.	Receiver Name/ Entity Identifier Code	1000B - NM101	40 – Receiver	No Current Equivalent	40 – Receiver
14.	Receiver Name/ Entity Type Qualifier	1000B - NM102	2 – Non-Person Entity	No Current Equivalent	2 – Non-Person Entity
15.	Receiver Name/ Identification Code Qualifier	1000B - NM108	46 – Electronic Transmitter Identification Number (ETIN)	No Current Equivalent	46 – Electronic Transmitter Identification Number (ETIN)
16.	Billing/Pay-To Provider Hierarchical Level/ Hierarchical Level Code	2000A - HL03	20 – Information Source	No Current Equivalent	20 – Information Source
17.	Billing/Pay-To Provider Hierarchical Level/ Hierarchical Child Code	2000A - HL04	1 – Additional Subordinate HL Data Segment in This Hierarchical Structure.	No Current Equivalent	1 – Additional Subordinate HL Data Segment in This Hierarchical Structure.
18.	Billing/Pay-To Provider Specialty Information/ Provider Code	2000A - PRV01	BI – Billing PT – Pay-To	No Current Equivalent	BI – Billing PT – Pay-To
19.	Billing/Pay-To Provider Specialty Information/ Reference Identification Qualifier	2000A - PRV02	ZZ – Mutually Defined	No Current Equivalent	ZZ – Mutually Defined
20.	Foreign Currency Information/ Entity Identifier Code	2000A - CUR01	85 – Billing Provider	No Current Equivalent	85 – Billing Provider
21.	Billing Provider Name/ Entity Identifier Code	2010AA - NM101	85 – Billing Provider	No Current Equivalent	85 – Billing Provider
22.	Billing Provider Name/ Entity Type Qualifier	2010AA - NM102	2 – Non-Person Entity	No Current Equivalent	2 – Non-Person Entity
23.	Billing Provider Name/ Identification Code Qualifier	2010AA - NM108	24 – Employer's Identification Number 34 – Social Security Number XX – Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 – Employer's Identification Number 34 – Social Security Number XX – Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.

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24.	Billing Provider Secondary Identification/ Reference Identification Qualifier	2010AA - REF01	0B – State License Number 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number 1J – Facility ID Number B3 – Preferred Provider Organization Number BQ – Health Maintenance Organization Code Number EI – Employer's Identification Number FH – Clinic Number G2 – Provider Commercial Number G5 – Provider Site Number LU – Location Number SY – Social Security Number X5 – State Industrial Accident Provider Number	No Current Equivalent	0B – State License Number 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number 1J – Facility ID Number B3 – Preferred Provider Organization Number BQ – Health Maintenance Organization Code Number EI – Employer's Identification Number FH – Clinic Number G2 – Provider Commercial Number G5 – Provider Site Number LU – Location Number SY – Social Security Number X5 – State Industrial Accident Provider Number
25.	Credit/Debit Card Billing Information/ Reference Identification Qualifier	2010AA - REF01	06 – System Number 8U – Bank Assigned Security Identifier EM – Electronic Payment Reference Number IJ – Standard Industry Classification (SIC) Code LU – Location Number RB – Rate code number ST – Store Number TT – Terminal Code	No Current Equivalent	06 – System Number 8U – Bank Assigned Security Identifier EM – Electronic Payment Reference Number IJ – Standard Industry Classification (SIC) Code LU – Location Number RB – Rate code number ST – Store Number TT – Terminal Code
26.	Billing Provider Contact Information/ Contact Function Code	2010AA - PER01	IC – Information Contact	No Current Equivalent	IC – Information Contact
27.	Billing Provider Contact Information/ Communication Number Qualifier	2010AA - PER03	EM – Electronic Mail FX – Facsimile TE – Telephone	No Current Equivalent	EM – Electronic Mail FX – Facsimile TE – Telephone

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
28.	Billing Provider Contact Information/ Communication Number Qualifier	2010AA - PER05	EM – Electronic Mail EX – Telephone Extension FX – Facsimile TE – Telephone	No Current Equivalent	EM – Electronic Mail EX – Telephone Extension FX – Facsimile TE – Telephone
29.	Billing Provider Contact Information/ Communication Number Qualifier	2010AA - PER07	EM – Electronic Mail EX – Telephone Extension FX – Facsimile TE – Telephone	No Current Equivalent	EM – Electronic Mail EX – Telephone Extension FX – Facsimile TE – Telephone
30.	Pay-To Provider Name/ Entity Identifier Code	2010AB - NM101	87 – Pay-to Provider	No Current Equivalent	87 – Pay-to Provider
31.	Pay-To Provider Name/ Entity Type Qualifier	2010AB - NM102	2 – Non-Person Entity	No Current Equivalent	2 – Non-Person Entity
32.	Pay-To Provider Name/ Identification Code Qualifier	2010AB - NM108	24 – Employer's Identification Number 34 – Social Security Number XX – Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 – Employer's Identification Number 34 – Social Security Number XX – Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
33.	Pay-To Provider Secondary Identification/ Reference Identification Qualifier	2010AB - REF01	0B – State License Number 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number 1J – Facility ID Number B3 – Preferred Provider Organization Number BQ – Health Maintenance Organization Code Number EI – Employer's Identification Number FH – Clinic Number G2 – Provider Commercial Number G5 – Provider Site Number LU – Location Number SY – Social Security Number X5 – State Industrial Accident Provider Number	No Current Equivalent	0B – State License Number 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number 1J – Facility ID Number B3 – Preferred Provider Organization Number BQ – Health Maintenance Organization Code Number EI – Employer's Identification Number FH – Clinic Number G2 – Provider Commercial Number G5 – Provider Site Number LU – Location Number SY – Social Security Number X5 – State Industrial Accident Provider Number
34.	Subscriber Hierarchical Level/ Hierarchical Level Code	2000B - HL03	22 – Subscriber	No Current Equivalent	22 – Subscriber
35.	Subscriber Hierarchical Level/ Hierarchical Child Code	2000B - HL04	0 - No Subordinate HL Segment in This Hierarchical Structure. 1 – Additional Subordinate HL Data Segment in This Hierarchical Structure.	No Current Equivalent	0 - No Subordinate HL Segment in This Hierarchical Structure. 1 – Additional Subordinate HL Data Segment in This Hierarchical Structure.
36.	Subscriber Information/ Payer Responsibility Sequence Number Code	2000B - SBR01	P – Primary S – Secondary T – Tertiary	No Current Equivalent	P – Primary S – Secondary T – Tertiary
37.	Subscriber Information/ Individual Relationship Code	2000B - SBR02	18 – Self	No Current Equivalent	18 – Self

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
38.	Subscriber Information/ Claim Filing Indicator Code	2000B - SBR09	09 – Self-pay 10 – Central Certification 11 – Other Non-Federal Programs 12 – Preferred Provider Organization (PPO) 13 – Point of Service (POS) 14 – Exclusive Provider Organization (EPO) 15 – Indemnity Insurance 16 – Health Maintenance Organization (HMO) Medicare Risk AM – Automobile Medical BL – Blue Cross/Blue Shield CH – Champus CI – Commercial Insurance Co. DS – Disability HM – Health Maintenance Organization LI – Liability LM – Liability Medical MA – Medicare Part A MB – Medicare Part B MC – Medicaid OF – Other Federal Program TV – Title V VA – Veteran Administration Plan WC – Workers' Compensation Health Claim ZZ – Mutually Defined	No Current Equivalent	09 – Self-pay 10 – Central Certification 11 – Other Non-Federal Programs 12 – Preferred Provider Organization (PPO) 13 – Point of Service (POS) 14 – Exclusive Provider Organization (EPO) 15 – Indemnity Insurance 16 – Health Maintenance Organization (HMO) Medicare Risk AM – Automobile Medical BL – Blue Cross/Blue Shield CH – Champus CI – Commercial Insurance Co. DS – Disability HM – Health Maintenance Organization LI – Liability LM – Liability Medical MA – Medicare Part A MB – Medicare Part B MC – Medicaid OF – Other Federal Program TV – Title V VA – Veteran Administration Plan WC – Workers' Compensation Health Claim ZZ – Mutually Defined
39.	Patient Information/ Unit or Basis for Measurement Code DELETED BY ADDENDA	2000B - PAT07	GR – Gram	No Current Equivalent	GR – Gram
40.	Patient Information/ Yes/No Condition or Response Code – DELETED BY ADDENDA	2000B - PAT09	Y – Yes	No Current Equivalent	Y – Yes
41.	Subscriber Name/ Entity Identifier Code	2010BA - NM101	IL – Insured or Subscriber	No Current Equivalent	IL – Insured or Subscriber

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
42.	Subscriber Name/ Entity Type Qualifier	2010BA - NM102	1 – Person 2 – Non-Person Entity	No Current Equivalent	1 – Person 2 – Non-Person Entity
43.	Subscriber Name/ Identification Code Qualifier	2010BA - NM108	MI – Member Identification Number ZZ – Mutually Defined	No Current Equivalent	MI – Member Identification Number ZZ – Mutually Defined
44.	Subscriber Demographic Information/ Date Time Period Format Qualifier	2010BA - DMG01	D8 – Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 – Date Expressed in Format CCYYMMDD
45.	Subscriber Demographic Information/ Gender Code	2010BA - DMG03	F – Female M – Male U – Unknown	F – Female M – Male	F – Female M – Male U – Unknown (would pend transaction)
46.	Subscriber Secondary Identification/ Reference Identification Qualifier	2010BA - REF01	1W – Member Identification Number 23 – Client Number IG – Insurance Policy Number SY – Social Security Number	No Current Equivalent	1W – Member Identification Number 23 – Client Number IG – Insurance Policy Number SY – Social Security Number
47.	Property and Casualty Claim Number/ Reference Identification Qualifier	2010BA - REF01	Y4 – Agency Claim Number	No Current Equivalent	Y4 – Agency Claim Number
48.	Credit/Debit Card Account Holder Name/ Entity Identifier Code	2010BB - NM101	AO – Account Of	No Current Equivalent	AO – Account Of
49.	Credit/Debit Card Account Holder Name/ Entity Type Qualifier	2010BB - NM102	1 – Person 2 – Non-Person Entity	No Current Equivalent	1 – Person 2 – Non-Person Entity
50.	Credit/Debit Card Account Holder Name/ Identification Code Qualifier	2010BB - NM108	MI – Member Identification Number	No Current Equivalent	MI – Member Identification Number
51.	Credit/Debit Card Information/ Reference Identification Qualifier	2010BB - REF01	AB – Acceptable Source Purchaser ID BB – Authorization Number	No Current Equivalent	AB – Acceptable Source Purchaser ID BB – Authorization Number
52.	Payer Name/ Entity Identifier Code	2010BC - NM101	PR – Payer	No Current Equivalent	PR – Payer
53.	Payer Name/ Entity Type Qualifier	2010BC - NM102	2 – Non-Person Entity	No Current Equivalent	2 – Non-Person Entity
54.	Payer Name/ Identification Code Qualifier	2010BC - NM108	PI – Payor Identification XV – Health Care Financing Administration National PlanID. Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	PI – Payor Identification XV – Health Care Financing Administration National PlanID. Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
55.	Payer Secondary Identification/ Reference Identification Qualifier	2010BC - REF01	2U – Payer Identification Number FY – Claim Office Number NF – National Association of Insurance Commissioners (NAIC) Code TJ – Federal Taxpayer's Identification Number	No Current Equivalent	2U – Payer Identification Number FY – Claim Office Number NF – National Association of Insurance Commissioners (NAIC) Code TJ – Federal Taxpayer's Identification Number
56.	Responsible Party Name/ Entity Identifier Code	2010BD - NM101	QD – Responsible Party	No Current Equivalent	QD – Responsible Party
57.	Responsible Party Name/ Entity Type Qualifier	2010BD - NM102	1 – Person 2 – Non-Person Entity	No Current Equivalent	1 – Person 2 – Non-Person Entity
58.	Patient Hierarchical Level/ Hierarchical Level Code	2000C - HL03	23 – Dependent	No Current Equivalent	23 – Dependent
59.	Patient Hierarchical Level/ Hierarchical Child Code	2000C - HL04	0 - No Subordinate HL Segment in This Hierarchical Structure.	No Current Equivalent	0 - No Subordinate HL Segment in This Hierarchical Structure.

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
60.	Patient Information/ Individual Relationship Code	2000C - PAT01	01 – Spouse 04 – Grandfather or Grandmother 05 – Grandson or Granddaughter 07 – Nephew or Niece 10 – Foster Child 15 – Ward 17 – Stepson or Stepdaughter 19 – Child 20 – Employee 21 – Unknown 22 – Handicapped Dependent 23 – Sponsored Dependent 24 – Dependent of a Minor Dependent 29 – Significant Other 32 – Mother 33 – Father 36 – Emancipated Minor 39 – Organ Donor 40 – Cadaver Donor 41 – Injured Plaintiff 43 – Child Where Insured Has No Financial Responsibility 53 – Life Partner G8 – Other Relationship	No Current Equivalent	01 – Spouse 04 – Grandfather or Grandmother 05 – Grandson or Granddaughter 07 – Nephew or Niece 10 – Foster Child 15 – Ward 17 – Stepson or Stepdaughter 19 – Child 20 – Employee 21 – Unknown 22 – Handicapped Dependent 23 – Sponsored Dependent 24 – Dependent of a Minor Dependent 29 – Significant Other 32 – Mother 33 – Father 36 – Emancipated Minor 39 – Organ Donor 40 – Cadaver Donor 41 – Injured Plaintiff 43 – Child Where Insured Has No Financial Responsibility 53 – Life Partner G8 – Other Relationship
61.	Patient Information/ Unit or Basis for Measurement Code	2000C - PAT07	GR – Gram	No Current Equivalent	GR – Gram
62.	Patient Information/ Yes/No Condition or Response Code	2000C - PAT09	Y – Yes	No Current Equivalent	Y – Yes
63.	Patient Name/ Entity Identifier Code	2010CA - NM101	QC – Patient	No Current Equivalent	QC – Patient
64.	Patient Name/ Entity Type Qualifier	2010CA - NM102	1 – Person	No Current Equivalent	1 – Person
65.	Patient Name/ Identification Code Qualifier	2010CA - NM108	MI – Member Identification Number ZZ – Mutually Defined	No Current Equivalent	MI – Member Identification Number ZZ – Mutually Defined
66.	Patient Demographic Information/ Date Time Period Format Qualifier	2010CA - DMG01	D8 – Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 – Date Expressed in Format CCYYMMDD
67.	Patient Demographic Information/ Gender Code	2010CA - DMG03	F – Female M – Male U – Unknown	F – Female M – Male	F – Female M – Male U – Unknown (would pend transaction)

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
68.	Patient Secondary Identification Number/ Reference Identification Qualifier	2010CA - REF01	1W – Member Identification Number 23 – Client Number IG – Insurance Policy Number SY – Social Security Number	No Current Equivalent	1W – Member Identification Number 23 – Client Number IG – Insurance Policy Number SY – Social Security Number
69.	Property and Casualty Claim Number/ Reference Identification Qualifier	2010CA - REF01	Y4 – Agency Claim Number	No Current Equivalent	Y4 – Agency Claim Number

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
70.	Claim Information/Facility Code Value	2300 – CLM05 – 1	11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital 23 Emergency Room - Hospital 24 Ambulatory Surgical Center 25 Birthing Center 26 Military Treatment Facility 31 Skilled Nursing Facility 32 Nursing Facility 33 Custodial Care Facility 34 Hospice 41 Ambulance - Land 42 Ambulance - Air or Water 50 Federally Qualified Health Center 51 Inpatient Psychiatric Facility 52 Psychiatric Facility Partial Hospitalization 53 Community Mental Health Center 54 Intermediate Care Facility/Mentally Retarded 55 Residential Substance Abuse Treatment Facility 56 Psychiatric Residential Treatment Center 60 Mass Immunization Center 61 Comprehensive Inpatient Rehabilitation Facility 62 Comprehensive Outpatient Rehabilitation Facility 65 End Stage Renal Disease Treatment Facility 71 State or Local Public Health Clinic 72 Rural Health Clinic 81 Independent Laboratory 99 Other Unlisted Facility	From 837 Professional Codes and Values Mapping document: 11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital 23 Emergency Room - Hospital 24 Ambulatory Surgical Center 25 Birthing Center 26 Military Treatment Facility 31 Skilled Nursing Facility 32 Nursing Facility 33 Custodial Care Facility 34 Hospice 35 Adult Care Facility 41 Ambulance - Land 42 Ambulance - Air or Water 50 Federally Qualified Health Center 51 Inpatient Psychiatric Facility 52 Psychiatric Facility Partial Hospitalization 53 Community Mental Health Center 54 Intermediate Care Facility/Mentally Retarded 55 Residential Substance Abuse Treatment Facility 56 Psychiatric Residential Treatment Center 60 Mass Immunization Center 61 Comprehensive Inpatient Rehabilitation Facility 62 Comprehensive Outpatient Rehabilitation Facility 65 End Stage Renal Disease Treatment Facility 71 State or Local Public Health Clinic 72 Rural Health Clinic 81 Independent Laboratory 99 Other Unlisted Facility TE Telemedicine	All AHCCCS values match HIPAA values except for the following AHCCCS values: 35 Adult Care Facility

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
71.	Claim information/ Facility Code Qualifier	2300 - CLM05 - 02	A - Uniform Billing Claim Form Bill Type	No Current Equivalent	A - Uniform Billing Claim Form Bill Type
72.	Claim Information/Claim Frequency Type Code	2300 - CLM05 - 3	1 - Admit Through Discharge Claim 6 - Adjustment of Prior Claim 7 - Replacement of Prior Claim 8 - Void/Cancel of Prior Claim	6 Adjustment 7 Adjustment 8 Void 9 Void	1 - Admit Through Discharge Claim 6 - Adjustment of Prior Claim = 6 Same 7 - Replacement of Prior Claim 8 - Void/Cancel of Prior Claim = 8 Same
73.	Claim information/ Yes/No Condition or Response Code	2300 - CLM06	N - No Y - Yes	No Current Equivalent	N - No Y - Yes
74.	Claim information/ Provider Accept Assignment Code	2300 - CLM07	A - Assigned C - Not Assigned	No Current Equivalent	A - Assigned C - Not Assigned
75.	Claim information/ Yes/No Condition or Response Code	2300 - CLM08	N - No Y - Yes	No Current Equivalent	N - No Y - Yes
76.	Claim information/ Release of Information Code	2300 - CLM09	A - Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization I - Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes M - The Provider has Limited or Restricted Ability to Release Data Related to a Claim N - No, Provider is Not Allowed to Release Data O - On file at Payor or at Plan Sponsor Y - Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim	No Current Equivalent	A - Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization I - Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes M - The Provider has Limited or Restricted Ability to Release Data Related to a Claim N - No, Provider is Not Allowed to Release Data O - On file at Payor or at Plan Sponsor Y - Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim
77.	Claim information/ Related Causes Code - NOT USED BY ADDENDA	2300 - CLM11 - 01	AA - Auto Accident AB - Abuse AP - Another Party Responsible EM - Employment OA - Other Accident	No Current Equivalent	AA - Auto Accident AB - Abuse AP - Another Party Responsible EM - Employment OA - Other Accident

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
78.	Claim information/ Related Causes Code – NOT USED BY ADDENDA	2300 - CLM11 - 02	AA - Auto Accident AB - Abuse AP - Another Party Responsible EM - Employment OA - Other Accident	No Current Equivalent	AA - Auto Accident AB - Abuse AP - Another Party Responsible EM - Employment OA - Other Accident
79.	Claim information/ Related Causes Code – NOT USED BY ADDENDA	2300 - CLM11 - 03	AA - Auto Accident AB - Abuse AP - Another Party Responsible EM - Employment OA - Other Accident	No Current Equivalent	AA - Auto Accident AB - Abuse AP - Another Party Responsible EM - Employment OA - Other Accident
80.	Claim information/ Special Program Code – NOT USED BY ADDENDA	2300 - CLM12	01 – Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP) 02 – Physically Handicapped Children's Program 03 – Special Federal Funding 05 – Disability 07 – Induced Abortion - Danger to Life 08 – Induced Abortion - Rape or Incest 09 – Second Opinion or Surgery	Condition Codes: A0 CHAMPUS EXTERNAL PARTNERSHIP PROGRAM A1 EPSDT/CHAP A2 PHYSICALLY HANDICAPPED A3 SPECIAL FEDERAL FUNDING A4 FAMILY PLANNING A5 DISABILITY A6 PRV/MEDICARE 100% PAYMENT A7 INDUCED ABORTION, DANGER TO LIFE A8 INDUCED ABORTION, VICTIM RAPE/INCEST A9 SECOND OPINION SURGERY	01 – Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP) = A1 – EPSDT/CHAP 02 – Physically Handicapped Children's Program 03 – Special Federal Funding = A3 - Same 05 – Disability = A5 - Same 07 – Induced Abortion - Danger to Life = A7 - Same 08 – Induced Abortion - Rape or Incest = A8 - Same 09 – Second Opinion or Surgery = A9 – Same
81.	Claim information/ Yes/No Condition or Response Code	2300 - CLM18	N – No Y – Yes	No Current Equivalent	N – No Y – Yes

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82.	Claim information/ Delay Reason Code	2300 - CLM20	1 – Proof of Eligibility Unknown or Unavailable 2 – Litigation 3 – Authorization Delays 4 – Delay in Certifying Provider 5 – Delay in Supplying Billing Forms 6 – Delay in Delivery of Custom-made Appliances 7 – Third Party Processing Delay 8 – Delay in Eligibility Determination 9 – Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules 10 – Administration Delay in the Prior Approval Process 11 – Other	No Current Equivalent	1 – Proof of Eligibility Unknown or Unavailable 2 – Litigation 3 – Authorization Delays 4 – Delay in Certifying Provider 5 – Delay in Supplying Billing Forms 6 – Delay in Delivery of Custom-made Appliances 7 – Third Party Processing Delay 8 – Delay in Eligibility Determination 9 – Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules 10 – Administration Delay in the Prior Approval Process 11 – Other
83.	Discharge Hour/ Date/Time Qualifier	2300 - DTP01	096 – Discharge	No Current Equivalent	096 – Discharge
84.	Discharge Hour/ Date Time Period Format Qualifier	2300 - DTP02	TM – Time Expressed in Format HHMM	No Current Equivalent	TM – Time Expressed in Format HHMM
85.	Statement Dates/ Date/Time Qualifier	2300 - DTP01	434 – Statement	No Current Equivalent	434 – Statement
86.	Statement Dates/ Date Time Period Format Qualifier	2300 - DTP02	D8 – Date Expressed in Format CCYYMMDD RD8 – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	No Current Equivalent	D8 – Date Expressed in Format CCYYMMDD RD8 – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
87.	Admission Date/Hour/ Date/Time Qualifier	2300 - DTP01	435 – Admission	No Current Equivalent	435 – Admission
88.	Admission Date/Hour/ Date Time Period Format Qualifier	2300 - DTP02	DT – Date and Time Expressed in Format CCYYMMDDHHMM	No Current Equivalent	DT – Date and Time Expressed in Format CCYYMMDDHHMM

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
89.	Claim Supplemental Information/ Report Type Code	2300 - PWK01	AS – Admission Summary B2 – Prescription B3 – Physician Order B4 – Referral Form CT – Certification DA – Dental Models DG – Diagnostic Report DS – Discharge Summary EB – Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) MT – Models NN – Nursing Notes OB – Operative Note OZ – Support Data for Claim PN – Physical Therapy Notes PO – Prosthetics or Orthotic Certification PZ – Physical Therapy Certification RB – Radiology Films RR – Radiology Reports RT – Report of Tests and Analysis Report	No Current Equivalent	AS – Admission Summary B2 – Prescription B3 – Physician Order B4 – Referral Form CT – Certification DA – Dental Models DG – Diagnostic Report DS – Discharge Summary EB – Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) MT – Models NN – Nursing Notes OB – Operative Note OZ – Support Data for Claim PN – Physical Therapy Notes PO – Prosthetics or Orthotic Certification PZ – Physical Therapy Certification RB – Radiology Films RR – Radiology Reports RT – Report of Tests and Analysis Report

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90.	Claim Supplemental Information/ Report Transmission Code	2300 - PWK02	AA – Available on Request at Provider Site BM – By Mail EL – Electronically Only EM – E-Mail FX – By Fax	No Current Equivalent	AA – Available on Request at Provider Site BM – By Mail EL – Electronically Only EM – E-Mail FX – By Fax
91.	Claim Supplemental Information/ Identification Code Qualifier	2300 - PWK05	AC – Attachment Control Number	No Current Equivalent	AC – Attachment Control Number
92.	Contract Information/ Contract Type Code	2300 - CN101	01 – Diagnosis Related Group (DRG) 02 – Per Diem 03 – Variable Per Diem 04 – Flat 05 – Capitated 06 – Percent 09 – Other	Subcapitation Codes: 00 FEE FOR SERVICE 01 SUBCAPITATED 02 PARTIALLY SUBCAPITATED 03 DES DD STATE OWNED FACILITY 04 CONTRACTED TRANSPLANT SERVICE 05 MEDICAL SERVICES FOR NON-CONTRACTED SERV 06 DENIED CLAIM 07 UTILIZATION ENCOUNTERS 08 NEGOTIATED SETTLEMENT ENCOUNTERS	01 – Diagnosis Related Group (DRG) 02 – Per Diem 03 – Variable Per Diem 04 – Flat 05 – Capitated = 01 - Subcapitated 06 – Percent 09 – Other
93.	Payer Estimated Amount Due/ Amount Qualifier Code	2300 - AMT01	C5 – Claim Amount Due - Estimated	No Current Equivalent	C5 – Claim Amount Due - Estimated
94.	Patient Estimated Amount Due/ Amount Qualifier Code	2300 - AMT01	F3 – Patient Responsibility - Estimated	No Current Equivalent	F3 – Patient Responsibility - Estimated
95.	Patient Paid Amount/ Amount Qualifier Code	2300 - AMT01	F5 – Patient Amount Paid	No Current Equivalent	F5 – Patient Amount Paid
96.	Credit/Debit Card Maximum Amount/ Amount Qualifier Code	2300 - AMT01	MA – Maximum Amount	No Current Equivalent	MA – Maximum Amount
97.	Adjusted Repriced Claim Number/ Reference Identification Qualifier	2300 - REF01	9C – Adjusted Repriced Claim Reference Number	No Current Equivalent	9C – Adjusted Repriced Claim Reference Number
98.	Repriced Claim Number/ Reference Identification Qualifier	2300 - REF01	9A – Repriced Claim Reference Number	No Current Equivalent	9A – Repriced Claim Reference Number

AHCCCS 837 Institutional Codes and Values Mapping Final DRAFT

#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
99.	Claim Identification Number For Clearinghouses and Other Transmission Intermediaries/ Reference Identification Qualifier	2300 - REF01	D9 – Claim Number	No Current Equivalent	D9 – Claim Number
100.	Document Identification Code/ Reference Identification Qualifier	2300 - REF01	DD – Document Identification Code	No Current Equivalent	DD – Document Identification Code
101.	Original Reference Number (ICN/DCN)/ Reference Identification Qualifier	2300 - REF01	F8 – Original Reference Number	No Current Equivalent	F8 – Original Reference Number
102.	Investigational Device Exemption Number/ Reference Identification Qualifier	2300 - REF01	LX – Qualified Products List	No Current Equivalent	LX – Qualified Products List
103.	Service Authorization Exception Code/ Reference Identification Qualifier	2300 - REF01	4N – Special Payment Reference Number	No Current Equivalent	4N – Special Payment Reference Number
104.	Peer Review Organization (PRO) Approval Number/ Reference Identification Qualifier	2300 - REF01	G4 – Peer Review Organization (PRO) Approval Number	No Current Equivalent	G4 – Peer Review Organization (PRO) Approval Number
105.	Prior Authorization or Referral Number/ Reference Identification Qualifier	2300 - REF01	9F – Referral Number G1 – Prior Authorization Number	No Current Equivalent	9F – Referral Number G1 – Prior Authorization Number
106.	Medical Record Number/ Reference Identification Qualifier	2300 - REF01	EA – Medical Record Identification Number	No Current Equivalent	EA – Medical Record Identification Number
107.	Demonstration Project Identifier/ Reference Identification Qualifier	2300 - REF01	P4 – Project Code	No Current Equivalent	P4 – Project Code

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
108.	Claim Note/ Note Reference Code	2300 - NTE01	ALG – Allergies DCP – Goals, Rehabilitation Potential, or Discharge Plans DGN – Diagnosis Description DME – Durable Medical Equipment (DME) and Supplies MED – Medications NTR – Nutritional Requirements ODT – Orders for Disciplines and Treatments RHB – Functional Limitations, Reason Homebound, or Both RLH – Reasons Patient Leaves Home RNH – Times and Reasons Patient Not at Home SET – Unusual Home, Social Environment, or Both SFM – Safety Measures SPT – Supplementary Plan of Treatment UPI – Updated Information	No Current Equivalent	ALG – Allergies DCP – Goals, Rehabilitation Potential, or Discharge Plans DGN – Diagnosis Description DME – Durable Medical Equipment (DME) and Supplies MED – Medications NTR – Nutritional Requirements ODT – Orders for Disciplines and Treatments RHB – Functional Limitations, Reason Homebound, or Both RLH – Reasons Patient Leaves Home RNH – Times and Reasons Patient Not at Home SET – Unusual Home, Social Environment, or Both SFM – Safety Measures SPT – Supplementary Plan of Treatment UPI – Updated Information
109.	Billing Note/ Note Reference Code	2300 - NTE01	ADD – Additional Information	No Current Equivalent	ADD – Additional Information
110.	Home Health Care Information/ Prognosis Code	2300 - CR601	1 – Poor 2 – Guarded 3 – Fair 4 – Good 5 – Very Good 6 – Excellent 7 – Less than 6 Months to Live 8 – Terminal	No Current Equivalent	1 – Poor 2 – Guarded 3 – Fair 4 – Good 5 – Very Good 6 – Excellent 7 – Less than 6 Months to Live 8 – Terminal
111.	Home Health Care Information/ Date Time Period Format Qualifier	2300 - CR603	RD8 – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	No Current Equivalent	RD8 – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
112.	Home Health Care Information/ Yes/No Condition or Response Code	2300 - CR606	N – No U – Unknown Y – Yes	No Current Equivalent	N – No U – Unknown Y – Yes
113.	Home Health Care Information/ Yes/No Condition or Response Code	2300 - CR607	N – No Y – Yes	No Current Equivalent	N – No Y – Yes

AHCCCS 837 Institutional Codes and Values Mapping

Final DRAFT

#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
114.	Home Health Care Information/ Certification Type Code	2300 - CR608	I – Initial R – Renewal S – Revised	No Current Equivalent	I – Initial R – Renewal S – Revised
115.	Home Health Care Information/ Product/ Service ID Qualifier	2300 - CR610	HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes ID – International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure	No Current Equivalent	HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes ID – International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure
116.	Home Health Care Information/ Date Time Period Format Qualifier	2300 - CR615	RD8 – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	No Current Equivalent	RD8 – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
117.	Home Health Care Information/ Patient Location Code	2300 - CR617	A – Acute Care Facility B – Boarding Home C – Hospice D – Intermediate Care Facility E – Long-term or Extended Care Facility F - Not Specified G – Nursing Home H – Sub-acute Care Facility L – Other Location M – Rehabilitation Facility O – Outpatient Facility R – Residential Treatment Facility S – Skilled Nursing Home T – Rest Home	No Current Equivalent	A – Acute Care Facility B – Boarding Home C – Hospice D – Intermediate Care Facility E – Long-term or Extended Care Facility F - Not Specified G – Nursing Home H – Sub-acute Care Facility L – Other Location M – Rehabilitation Facility O – Outpatient Facility R – Residential Treatment Facility S – Skilled Nursing Home T – Rest Home
118.	Home Health Functional Limitations/ Code Category	2300 - CRC01	75 – Functional Limitations	No Current Equivalent	75 – Functional Limitations
119.	Home Health Functional Limitations/ Yes/No Condition or Response Code	2300 - CRC02	N – No Y – Yes	No Current Equivalent	N – No Y – Yes

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
120.	Home Health Functional Limitations/ Functional Limitation Code	2300 - CRC03	AA – Amputation AL – Ambulation Limitations BL – Bowel Limitations, Bladder Limitations, or both (Incontinence) CO – Contracture DY – Dyspnea with Minimal Exertion EL – Endurance Limitations HL – Hearing Limitations LB – Legally Blind OL – Other Limitation PA – Paralysis SL – Speech Limitations	No Current Equivalent	AA – Amputation AL – Ambulation Limitations BL – Bowel Limitations, Bladder Limitations, or both (Incontinence) CO – Contracture DY – Dyspnea with Minimal Exertion EL – Endurance Limitations HL – Hearing Limitations LB – Legally Blind OL – Other Limitation PA – Paralysis SL – Speech Limitations
121.	Home Health Activities Permitted/ Code Category	2300 - CRC01	76 – Activities Permitted	No Current Equivalent	76 – Activities Permitted
122.	Home Health Activities Permitted/ Yes/No Condition or Response Code	2300 - CRC02	N – No Y – Yes	No Current Equivalent	N – No Y – Yes
123.	Home Health Activities Permitted/ Condition Indicator	2300 - CRC03	BR – Bedrest BRP (Bathroom Privileges) CA – Cane Required CB – Complete Bedrest CR – Crutches Required EP – Exercises Prescribed IH – Independent at Home NR – No Restrictions PW – Partial Weight Bearing TR – Transfer to Bed, or Chair, or Both UT – Up as Tolerated WA – Walker Required WR – Wheelchair Required	No Current Equivalent	BR – Bedrest BRP (Bathroom Privileges) CA – Cane Required CB – Complete Bedrest CR – Crutches Required EP – Exercises Prescribed IH – Independent at Home NR – No Restrictions PW – Partial Weight Bearing TR – Transfer to Bed, or Chair, or Both UT – Up as Tolerated WA – Walker Required WR – Wheelchair Required
124.	Home Health Mental Status/ Code Category	2300 - CRC01	77 – Mental Status	No Current Equivalent	77 – Mental Status
125.	Home Health Mental Status/ Yes/No Condition or Response Code	2300 - CRC02	N – No Y – Yes	No Current Equivalent	N – No Y – Yes

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
126.	Home Health Mental Status/ Condition Indicator	2300 - CRC03	AG – Agitated CM – Comatose DI – Disoriented DP – Depressed FO – Forgetful LE – Lethargic MC – Other Mental Condition OT – Oriented	No Current Equivalent	AG – Agitated CM – Comatose DI – Disoriented DP – Depressed FO – Forgetful LE – Lethargic MC – Other Mental Condition OT – Oriented
127.	Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information/ Code List Qualifier Code	2300 - HI01 - 01	BK - Principal Diagnosis	No Current Equivalent	BK - Principal Diagnosis
128.	Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information/ Code List Qualifier Code	2300 - HI02 - 01	BJ - Admitting Diagnosis ZZ - Mutually Defined	No Current Equivalent	BJ - Admitting Diagnosis ZZ - Mutually Defined
129.	Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information/ Code List Qualifier Code	2300 - HI03 - 01	BN - United States Department of Health and Human Services, Office of Vital Statistics E-code	No Current Equivalent	BN - United States Department of Health and Human Services, Office of Vital Statistics E-code
130.	Diagnosis Related Group (DRG) Information/ Code List Qualifier Code	2300 - HI01 - 01	DR - Diagnosis Related Group (DRG)	No Current Equivalent	DR - Diagnosis Related Group (DRG)
131.	Other Diagnosis Information/ Code List Qualifier Code	2300 - HI01 - 01	BF - Diagnosis	No Current Equivalent	BF - Diagnosis
132.	Other Diagnosis Information/ Code List Qualifier Code	2300 - HI02 - 01	BF - Diagnosis	No Current Equivalent	BF - Diagnosis
133.	Other Diagnosis Information/ Code List Qualifier Code	2300 - HI03 - 01	BF - Diagnosis	No Current Equivalent	BF - Diagnosis
134.	Other Diagnosis Information/ Code List Qualifier Code	2300 - HI04 - 01	BF - Diagnosis	No Current Equivalent	BF - Diagnosis
135.	Other Diagnosis Information/ Code List Qualifier Code	2300 - HI05 - 01	BF - Diagnosis	No Current Equivalent	BF - Diagnosis
136.	Other Diagnosis Information/ Code List Qualifier Code	2300 - HI06 - 01	BF - Diagnosis	No Current Equivalent	BF - Diagnosis
137.	Other Diagnosis Information/ Code List Qualifier Code	2300 - HI07 - 01	BF - Diagnosis	No Current Equivalent	BF - Diagnosis
138.	Other Diagnosis Information/ Code List Qualifier Code	2300 - HI08 - 01	BF - Diagnosis	No Current Equivalent	BF - Diagnosis
139.	Other Diagnosis Information/ Code List Qualifier Code	2300 - HI09 - 01	BF - Diagnosis	No Current Equivalent	BF - Diagnosis

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
140.	Other Diagnosis Information/ Code List Qualifier Code	2300 - HI10 - 01	BF - Diagnosis	No Current Equivalent	BF - Diagnosis
141.	Other Diagnosis Information/ Code List Qualifier Code	2300 - HI11 - 01	BF - Diagnosis	No Current Equivalent	BF - Diagnosis
142.	Other Diagnosis Information/ Code List Qualifier Code	2300 - HI12 - 01	BF - Diagnosis	No Current Equivalent	BF - Diagnosis
143.	Principal Procedure Information/ Health Care Code Information	2300 - HI01 - 01	BP - Health Care Financing Administration Common Procedural Coding System Principal Procedure BR - International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure	No Current Equivalent	BP - Health Care Financing Administration Common Procedural Coding System Principal Procedure BR - International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure
144.	Principal Procedure Information/ Date Time Period Format Qualifier	2300 - HI01 - 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
145.	Other Procedure Information/ Health Care Code Information	2300 - HI01 - 01	BO - Health Care Financing Administration Common Procedural Coding System BQ - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure	No Current Equivalent	BO - Health Care Financing Administration Common Procedural Coding System BQ - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
146.	Other Procedure Information/ Date Time Period Format Qualifier	2300 - HI01 - 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
147.	Other Procedure Information/ Health Care Code Information	2300 - HI02 - 01	BO - Health Care Financing Administration Common Procedural Coding System BQ - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure	No Current Equivalent	BO - Health Care Financing Administration Common Procedural Coding System BQ - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
148.	Other Procedure Information/ Date Time Period Format Qualifier	2300 - HI02 - 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
149.	Other Procedure Information/ Health Care Code Information	2300 - HI03 - 01	BO - Health Care Financing Administration Common Procedural Coding System BQ - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure	No Current Equivalent	BO - Health Care Financing Administration Common Procedural Coding System BQ - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
150.	Other Procedure Information/ Date Time Period Format Qualifier	2300 - HI03 - 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
151.	Other Procedure Information/ Health Care Code Information	2300 - HI04 - 01	BO - Health Care Financing Administration Common Procedural Coding System BQ - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure	No Current Equivalent	BO - Health Care Financing Administration Common Procedural Coding System BQ - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
152.	Other Procedure Information/ Date Time Period Format Qualifier	2300 - HI04 - 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
153.	Other Procedure Information/ Health Care Code Information	2300 - HI05 - 01	BO - Health Care Financing Administration Common Procedural Coding System BQ - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure	No Current Equivalent	BO - Health Care Financing Administration Common Procedural Coding System BQ - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
154.	Other Procedure Information/ Date Time Period Format Qualifier	2300 - HI05 - 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
155.	Other Procedure Information/ Health Care Code Information	2300 - HI06 - 01	BO - Health Care Financing Administration Common Procedural Coding System BQ - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure	No Current Equivalent	BO - Health Care Financing Administration Common Procedural Coding System BQ - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
156.	Other Procedure Information/ Date Time Period Format Qualifier	2300 - HI06 - 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
157.	Other Procedure Information/ Health Care Code Information	2300 - HI07 - 01	BO - Health Care Financing Administration Common Procedural Coding System BQ - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure	No Current Equivalent	BO - Health Care Financing Administration Common Procedural Coding System BQ - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
158.	Other Procedure Information/ Date Time Period Format Qualifier	2300 - HI07 - 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
159.	Other Procedure Information/ Health Care Code Information	2300 - HI08 - 01	BO - Health Care Financing Administration Common Procedural Coding System BQ - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure	No Current Equivalent	BO - Health Care Financing Administration Common Procedural Coding System BQ - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
160.	Other Procedure Information/ Date Time Period Format Qualifier	2300 - HI08 - 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
161.	Other Procedure Information/ Health Care Code Information	2300 - HI09 - 01	BO - Health Care Financing Administration Common Procedural Coding System BQ - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure	No Current Equivalent	BO - Health Care Financing Administration Common Procedural Coding System BQ - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
162.	Other Procedure Information/ Date Time Period Format Qualifier	2300 - HI09 - 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
163.	Other Procedure Information/ Health Care Code Information	2300 - HI10 - 01	BO - Health Care Financing Administration Common Procedural Coding System BQ - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure	No Current Equivalent	BO - Health Care Financing Administration Common Procedural Coding System BQ - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
164.	Other Procedure Information/ Date Time Period Format Qualifier	2300 - HI10 - 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
165.	Other Procedure Information/ Health Care Code Information	2300 - HI11 - 01	BO - Health Care Financing Administration Common Procedural Coding System BQ - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure	No Current Equivalent	BO - Health Care Financing Administration Common Procedural Coding System BQ - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
166.	Other Procedure Information/ Date Time Period Format Qualifier	2300 - HI11 - 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD

AHCCCS 837 Institutional Codes and Values Mapping

Final DRAFT

#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
167.	Other Procedure Information/ Health Care Code Information	2300 - HI12 – 01	BO - Health Care Financing Administration Common Procedural Coding System BQ - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure	No Current Equivalent	BO - Health Care Financing Administration Common Procedural Coding System BQ - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
168.	Other Procedure Information/ Date Time Period Format Qualifier	2300 - HI12 – 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
169.	Occurrence Span Information/ Health Care Code Information	2300 - HI01 – 01	BI - Occurrence Span	No Current Equivalent	BI - Occurrence Span
170.	Occurrence Span Information/ Health Care Code Information	2300 - HI01 – 02	70 Qualifying Stay Dates for SNF Use Only 71 Prior Stay Dates 72 First/Last Visit 73 Benefit Eligibility Period 74 Noncovered Level of Care/Leave of Absence 75 SNF Level of Care 76 Patient Liability 77 Provider Liability Period 78 SNF Prior Stay Dates 79 Payer Code M0 PRO/UR Approved Stay Dates M1 Provider Liability – No Utilization	Occurrence Span Codes: M0 PRO/UR APPROVED STAY DATES 70 QUALIFYING STAY DATES 71 PRIOR STAY DATES 72 FIRST/LAST VISIT 73 BENEFIT ELIGIBILITY PERIOD 74 NONCOVERED LEVEL OF CARE 75 SNF LEVEL OF CARE 76 PATIENT LIABILITY 77 PROVIDER LIABILITY PERIOD 78 SNF PRIOR STAY DATES	70 Qualifying Stay Dates for SNF Use Only = 70 Qualifying Stay Dates 71 Prior Stay Dates = 71 Same 72 First/Last Visit = 72 Same 73 Benefit Eligibility Period = 73 Same 74 Noncovered Level of Care/Leave of Absence = 74 Same 75 SNF Level of Care = 75 Same 76 Patient Liability = 76 Same 77 Provider Liability Period = 77 Same 78 SNF Prior Stay Dates = 78 Same 79 Payer Code = 79 Same M0 PRO/UR Approved Stay Dates = M0 Same M1 Provider Liability – No Utilization
171.	Occurrence Span Information/ Date Time Period Format Qualifier	2300 - HI01 – 03	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	No Current Equivalent	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
172.	Occurrence Span Information/ Health Care Code Information	2300 - HI02 – 01	BI - Occurrence Span	No Current Equivalent	BI - Occurrence Span
173.	Occurrence Span Information/ Date Time Period Format Qualifier	2300 - HI02 – 03	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	No Current Equivalent	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
174.	Occurrence Span Information/ Health Care Code Information	2300 - HI03 - 01	BI - Occurrence Span	No Current Equivalent	BI - Occurrence Span
175.	Occurrence Span Information/ Date Time Period Format Qualifier	2300 - HI03 - 03	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	No Current Equivalent	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
176.	Occurrence Span Information/ Health Care Code Information	2300 - HI04 - 01	BI - Occurrence Span	No Current Equivalent	BI - Occurrence Span
177.	Occurrence Span Information/ Date Time Period Format Qualifier	2300 - HI04 - 03	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	No Current Equivalent	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
178.	Occurrence Span Information/ Health Care Code Information	2300 - HI05 - 01	BI - Occurrence Span	No Current Equivalent	BI - Occurrence Span
179.	Occurrence Span Information/ Date Time Period Format Qualifier	2300 - HI05 - 03	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	No Current Equivalent	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
180.	Occurrence Span Information/ Health Care Code Information	2300 - HI06 - 01	BI - Occurrence Span	No Current Equivalent	BI - Occurrence Span
181.	Occurrence Span Information/ Date Time Period Format Qualifier	2300 - HI06 - 03	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	No Current Equivalent	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
182.	Occurrence Span Information/ Health Care Code Information	2300 - HI07 - 01	BI - Occurrence Span	No Current Equivalent	BI - Occurrence Span
183.	Occurrence Span Information/ Date Time Period Format Qualifier	2300 - HI07 - 03	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	No Current Equivalent	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
184.	Occurrence Span Information/ Health Care Code Information	2300 - HI08 - 01	BI - Occurrence Span	No Current Equivalent	BI - Occurrence Span
185.	Occurrence Span Information/ Date Time Period Format Qualifier	2300 - HI08 - 03	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	No Current Equivalent	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
186.	Occurrence Span Information/ Health Care Code Information	2300 - HI09 - 01	BI - Occurrence Span	No Current Equivalent	BI - Occurrence Span
187.	Occurrence Span Information/ Date Time Period Format Qualifier	2300 - HI09 - 03	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	No Current Equivalent	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
188.	Occurrence Span Information/ Health Care Code Information	2300 - HI10 - 01	BI - Occurrence Span	No Current Equivalent	BI - Occurrence Span
189.	Occurrence Span Information/ Date Time Period Format Qualifier	2300 - HI10 - 03	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	No Current Equivalent	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
190.	Occurrence Span Information/ Health Care Code Information	2300 - HI11 - 01	BI - Occurrence Span	No Current Equivalent	BI - Occurrence Span
191.	Occurrence Span Information/ Date Time Period Format Qualifier	2300 - HI11 - 03	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	No Current Equivalent	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
192.	Occurrence Span Information/ Health Care Code Information	2300 - HI12 - 01	BI - Occurrence Span	No Current Equivalent	BI - Occurrence Span
193.	Occurrence Span Information/ Date Time Period Format Qualifier	2300 - HI12 - 03	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	No Current Equivalent	RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
194.	Occurrence Information/ Health Care Code Information	2300 - HI01 - 01	BH - Occurrence	No Current Equivalent	BH - Occurrence
195.	Occurrence Information/ Date Time Period Format Qualifier	2300 - HI01 - 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
196.	Occurrence Information/ Health Care Code Information	2300 - HI02 - 01	BH - Occurrence	No Current Equivalent	BH - Occurrence

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
197.	Occurrence Information/ Health Care Code Information	2300 - HI02 - 02	01 Auto Accident 02 No Fault Insurance Involved – Including Auto Accident/Other 03 Accident/Tort Liability 04 Accident/Employment Related 05 Other Accident 06 Crime Victim 09 Start of Infertility Treatment Cycle 10 Last Menstrual Period 11 Onset of Symptoms/Illness 12 Date of Onset for a Chronically Dependent Individual 17 Date Outpatient Occupational Therapy Plan Established or Last Reviewed 18 Date of Retirement Patient/Beneficiary 19 Date of Retirement Spouse 20 Guarantee of Payment Began 21 UR Notice Received 22 Date Active Care Ended 24 Date Insurance Denied 25 Date Benefits Terminated by Primary Payer 26 Date SNF Bed Available 27 Date Home Health Plan Established or Last Reviewed 28 Date Comprehensive Outpatient Rehabilitation Plan Established or Last Reviewed 29 Date Outpatient Physical Therapy Plan Established or Last Reviewed 30 Date Outpatient Speech Pathology Plan Established or Reviewed 31 Date Beneficiary Notified of Intent to Bill (Accommodations) 32 Date Beneficiary Notified of Intent to Bill (Procedures or Treatments) 33 First Day of Medicare Coordination Period during which Medicare or CHAMPUS benefits are secondary to benefits payable under EGHP 34 Date of Election of Extended Care Facilities 35 Date Treatment Started for PT 36 Date of Inpatient Hospital Discharge for Covered Transplant Patients 37 Date of Inpatient Hospital Discharge for Non-Covered Transplant Patient 38 Date Treatment Started for Home IV Therapy	UB82 Occurrence Codes: 01 AUTO ACCIDENT 02 AUTO ACCIDENT/INVOLVES NO FAULT INSUR 03 ACCIDENT/TORT LIABILITY 04 ACCIDENT/EMPLOYMENT RELATED 05 OTHER ACCIDENT 06 CRIME VICTIM 09 START OF INFERTILITY TREATMENT 10 LAST MENSTRUAL PERIOD 11 ONSET OF SYMPTOMS/ILLNESS 12 DATE ONSET-CHRON. DEPENDENT INDIVIDUAL 17 DATE O/P OCC. THER. PLAN EST. OR REVWED 18 DATE OF RETIREMENT PATIENT/BENEFICIARY 19 DATE OF RETIREMENT SPOUSE 20 GUARANTEE OF PAYMENT BEGAN 21 UR/PRO NOTICE RECEIVED 22 DATE ACTIVE CARE ENDED 23 BENEFITS EXHAUSTED 24 DATE INSURANCE DENIED 25 DATE BENEFITS TERMINATED BY PRIM PAYER 26 DATE SNF BED AVAILABLE 27 DATE HHA PLAN EST. OR LAST REVIEWED 28 DATE CORF EST. OR LAST REVIEWED 29 DATE OPT PLAN EST. OR LAST REVIEWED	All AHCCCS values match HIPAA values except for the following AHCCCS value: 23 Benefits Exhausted

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Final DRAFT

#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
198.	Occurrence Information/ Health Care Code Information	2300 - HI02 - 02	Cont'd: 39 Date Discharged on a Continuous Course of IV Therapy 40 Scheduled Date of Admission 41 Date of First Test for Pre-admission Testing 42 Date of Discharge 43 Scheduled Date of Canceled Surgery Date Treatment Started for Speech Therapy 44 Date Treatment Started for Occupational Therapy 45 Date Treatment Started for Occupational Therapy 46 Date Treatment Started for Cardiac Rehabilitation A1 Birthdate – Insured A A2 Effective Date – Insured A Policy A3 Benefits Exhausted B1 Birthdate – Insured B B2 Effective Date – Insured B Policy B3 Benefits Exhausted C1 Birthdate – Insured C C2 Effective Date – Insured C Policy C3 Benefits Exhausted E1 Birthdate – Insured D E2 Effective Date – Insured D Policy E3 Benefits Exhausted F1 Birthdate – Insured E F2 Effective Date – Insured E Policy F3 Benefits Exhausted G1 Birthdate – Insured F G2 Effective Date – Insured F Policy G3 Benefits Exhausted	Cont'd: 30 DATE SPEECH PATH PLAN EST. OR LAST REV'D 31 DATE BENE NOTF'D INTENT/BILL ACCOM 32 DATE BENE NOTF'D INTENT/BILL PROC TX 33 ESRD COOR PERIOD CVD BY EGAP 34 DATE ELECTION EXTENDED CARE FACILITIES 35 DATE TREATMENT STARTED 36 DATE I/P HOSP DIS. FOR CVRD TRANSPLANT 37 DATE OF I/P HOSP DIS. NONCVRD TRANSPLANT 38 DATE TREATMENT START FOR HOME IV THER. 39 DATE DIS. ON CONT. COURSE IV THERAPY 40 SCHEDULED DATE OF ADMISSION 41 DATE 1ST TEST PRE-ADMISSION TESTING 42 DISCHARGE DATE 44 DATE TREATMENT STARTED FOR O.T. 45 DATE TREATMENT STARTED FOR S.T. 46 DATE TREATMENT STARTED FOR CARDIAC REHAB A1 BIRTHDATE - INSURED A A2 EFFECTIVE DATE - INSURED A POLICY A3 BENEFITS EXHAUSTED B1 BIRTHDATE - INSURED B B2 EFFECTIVE DATE - INSURED B POLICY B3 BENEFITS EXHAUSTED	

AHCCCS 837 Institutional Codes and Values Mapping Final DRAFT

#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
199.	Occurrence Information/ Health Care Code Information	2300 - HI02 - 02		Cont'd: C1 BIRTHDATE - INSURED C C2 EFFECTIVE DATE - INSURED C POLICY C3 BENEFITS EXHAUSTED	
200.	Occurrence Information/ Date Time Period Format Qualifier	2300 - HI02 - 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
201.	Occurrence Information/ Health Care Code Information	2300 - HI03 - 01	BH - Occurrence	No Current Equivalent	BH - Occurrence
202.	Occurrence Information/ Date Time Period Format Qualifier	2300 - HI03 - 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
203.	Occurrence Information/ Health Care Code Information	2300 - HI04 - 01	BH - Occurrence	No Current Equivalent	BH - Occurrence
204.	Occurrence Information/ Date Time Period Format Qualifier	2300 - HI04 - 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
205.	Occurrence Information/ Health Care Code Information	2300 - HI05 - 01	BH - Occurrence	No Current Equivalent	BH - Occurrence
206.	Occurrence Information/ Date Time Period Format Qualifier	2300 - HI05 - 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
207.	Occurrence Information/ Health Care Code Information	2300 - HI06 - 01	BH - Occurrence	No Current Equivalent	BH - Occurrence
208.	Occurrence Information/ Date Time Period Format Qualifier	2300 - HI06 - 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
209.	Occurrence Information/ Health Care Code Information	2300 - HI07 - 01	BH - Occurrence	No Current Equivalent	BH - Occurrence
210.	Occurrence Information/ Date Time Period Format Qualifier	2300 - HI07 - 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
211.	Occurrence Information/ Health Care Code Information	2300 - HI08 - 01	BH - Occurrence	No Current Equivalent	BH - Occurrence
212.	Occurrence Information/ Date Time Period Format Qualifier	2300 - HI08 - 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
213.	Occurrence Information/ Health Care Code Information	2300 - HI09 - 01	BH - Occurrence	No Current Equivalent	BH - Occurrence
214.	Occurrence Information/ Date Time Period Format Qualifier	2300 - HI09 - 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD

AHCCCS 837 Institutional Codes and Values Mapping

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
215.	Occurrence Information/ Health Care Code Information	2300 - HI10 - 01	BH - Occurrence	No Current Equivalent	BH - Occurrence
216.	Occurrence Information/ Date Time Period Format Qualifier	2300 - HI10 - 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
217.	Occurrence Information/ Health Care Code Information	2300 - HI11 - 01	BH - Occurrence	No Current Equivalent	BH - Occurrence
218.	Occurrence Information/ Date Time Period Format Qualifier	2300 - HI11 - 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
219.	Occurrence Information/ Health Care Code Information	2300 - HI12 - 01	BH - Occurrence	No Current Equivalent	BH - Occurrence
220.	Occurrence Information/ Date Time Period Format Qualifier	2300 - HI12 - 03	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
221.	Value Information/ Health Care Code Information	2300 - HI01 - 01	BE – Value	No Current Equivalent	BE – Value

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
222.	Value Information/ Health Care Code Information	2300 - HI01 - 02	01 Most Common Semi-Private Rate 02 Hospital Has No Semi-Private Rooms 04 Inpatient Professional Component Charges Which are Combined Billed 05 Professional Component included in Charges and also Billed Separate to Carrier 06 Medicare Blood Deductible 08 Medicare Lifetime Reserve Amount in the First Calendar Year 09 Medicare Coinsurance Amount in the First Calendar Year 10 Lifetime Reserve Amount in the Second Calendar Year 11 Coinsurance Amount in the Second Calendar Year 12 Working Aged Beneficiary/Spouse With Employer Group Health Plan 13 ESRD Beneficiary in a Medicare Coordination Period With an Employer Group Health Plan 14 No Fault, Including Auto/Other 15 Worker's Compensation 16 PHS or Other Federal Agency 21 Medicaid – Catastrophic 22 Medicaid – Surplus 23 Medicaid – Recurring Monthly Income 24 Medicaid – Rate Code 30 Preadmission Testing 31 Patient Liability Amount 37 Pints of Blood Furnished 38 Blood Deductible Plan 39 Pints of Blood Replaced 40 New Coverage Not Implemented by HMO (for inpatient service only) 41 Black Lung 42 VA 43 Disabled Beneficiary Under Age 65 with LGHP 44 Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received 45 Accident Hour 46 Number of Grace Days 47 Liability Insurance 48 Hemoglobin Reading	Value Codes: 01 MOST COMMON SEMI-PRIVATE RATE 02 HOSPITAL HAS NO SEMI-PRIVATE ROOMS 04 INP PRO COMP CHGS COMBINED BILLED 05 PROFESSIONAL COMPONENT 06 MEDICARE PART A BLOOD DEDUCTIBLE 07 MEDICARE PART A CASH DEDUCTIBLE (TX) 08 MC LIFETIME RESERVE AMT 1ST CAL YR 09 M/C COINS AMT 1ST CAL YR BILL PERIOD 10 LIFETIME RESERVE AMT 2ND CAL YR BILL PER 11 COINS AMT 2ND CAL YR 12 WORK AGED BENE/SPOUSE W GR HLTH PLAN 13 ESRD BENE 12-MON COOR PERIOD GR HLTH PL 14 AUTO/NO FAULT OR ANY LIABILITY INS 15 WORKER COMP INC. BLACK LUNG 16 VA, PHS, OR OTHER FED AGCY 17 OUTLIER PAYMENT ON UNIBILL 18 DISAPPROPORTIONATE SHARE ON UNIBILL 19 INDIRECT MEDICAL EDUCATION ON UNIBILL 20 PPS-CAPITAL-TOTAL (C-TOT-PAY) 21 CATASTROPHIC 22 SURPLUS 23 RECURRING MONTHLY	All AHCCCS values match HIPAA values except for the following AHCCCS values: 07 Medicare Part A Cash Deductible (TX) 17 Outlier Payment on Unibill 18 Disproportionate share on Unibill 19 Indirect Medical Education on Unibill 20 PPS-Capital-Total (C-TOT-PAY) 70 Interest Amount 71 Funding of ESRD Networks 72 Flat Rate Surgery Charge 75 Gramm/Rudman/Hollings 76 Provider's Interim Rate (System Generated) 77 Internal Payer Code 78 Internal Payer Code 79 Internal Payer Code

AHCCCS 837 Institutional Codes and Values Mapping

Final DRAFT

#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
223.	Value Information/ Health Care Code Information	2300 - HI01 – 02 (cont'd)	Cont'd: 49 Hematocrit Reading 50 Physical Therapy Visit 51 Occupational Therapy Visits 52 Speech Therapy Visits 53 Cardiac Rehab Visits 56 Skilled Nurse – Home Visit Hours (HHA only) 57 Home Health Aide – Home Visit Hours (HHA only) 58 Arterial Blood Gas (PO2/PA2) 59 Oxygen Saturation (O2/Oximetry) 60 HHA Branch MSA 61 Location Where Service is Furnished (HHA and Hospice) 67 Peritoneal Dialysis 68 EPO Drug 73 Drug Deductible 74 Drug Coinsurance A1 Deductible Payer A A2 Coinsurance Payer A A3 Estimated Responsibility Payer A A4 Covered Self-Administrable Drugs – Emergency A5 Covered Self-Administrable Drugs – Not Self-Administrable in Form and Situation Furnished to Patient A6 Covered Self-Administrable Drugs – Diagnostic Study and Other B1 Deductible Payer B B2 Coinsurance Payer B B3 Estimated Responsibility Payer B C1 Deductible Payer C C2 Coinsurance Payer C C3 Estimated Responsibility Payer C D3 Patient Estimated Responsibility E1 Deductible Payer D E2 Coinsurance Payer D E3 Estimated Responsibility Payer D F1 Deductible Payer E F2 Coinsurance Payer E F3 Estimated Responsibility Payer E G1 Deductible Payer F G2 Estimated Responsibility Payer F G3 Estimated Responsibility Payer F	Cont'd: 24 MEDICAID RATE CODE 30 PREADMISSION TESTING 31 PATIENT LIABILITY AMOUNT 37 PINTS OF BLOOD FURNISHED 38 BLOOD DEDUCTIBLE PINTS (TX) 39 PINTS OF BLOOD REPLACED (TX) 40 NEW COVERAGE NOT IMPLEMENTED BY HMO 41 BLACK LUNG 42 VA 43 DISABLED BENE < AGE 65 W LGHP 44 AMOUNT AGREED-CHRGs, MORE PAYMENT, MEDI 45 ACCIDENT HOUR (TX) 46 NUMBER OF GRACE DAYS (TX) 47 ANY LIABILITY INSURANCE 48 HEMOGLOBIN READING 49 HEMATOCRIT READING 50 PHYSICAL THERAPY 51 OCCUPATIONAL THERAPY VISITS 52 SPEECH THERAPY VISITS 53 CARDIAC REHAB VISITS 56 SKILLED NURSE - HOME VISIT HOURS 57 HOME HEALTH AID - HOME VISIT HOURS 58 ARTERIAL BLOOD GAS 59 OXYGEN SATURATION 60 HHA BRANCH MSA 61 PLACE WHERE THE SERVICE IS DELIVERED	

AHCCCS 837 Institutional Codes and Values Mapping Final DRAFT

#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
224.	Value Information/ Health Care Code Information	2300 - HI01 – 02 (cont'd)		Cont'd: 68 EPO-DRUG 70 INTEREST AMOUNT 71 FUNDING OF ESRD NETWORKS 72 FLAT RATE SURGERY CHARGE 73 DRUG DEDUCTIBLE 74 DRUG COINSURANCE 75 GRAMM/RUDMAN/HOLLINGS 76 PROVIDER'S INTERIM RATE (SYST GENERATED) 77 INTERNAL PAYER CODE 78 INTERNAL PAYER CODE 79 INTERNAL PAYER CODE A1 DEDUCTIBLE PAYER A (TX) A2 COINSURANCE PAYER A (TX) A3 ESTIMATED RESPONSIBILITY PAYER A (TX) A4 SELF ADMINISTERED DRUG B1 DEDUCTIBLE PAYER B (TX) B2 COINSURANCE PAYER B (TX) B3 ESTIMATED RESPONSIBILITY PAYER B C1 DEDUCTIBLE PAYER C (TX) C2 COINSURANCE PAYER C (TX) C3 ESTIMATED RESPONSIBILITY C (TX) D3 ESTIMATED RESPONSIBILITY PATIENT (TX)	

AHCCCS 837 Institutional Codes and Values Mapping Final DRAFT

#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
225.	Value Information/ Health Care Code Information	2300 - HI02 - 01	BE - Value	No Current Equivalent	BE - Value
226.	Value Information/ Health Care Code Information	2300 - HI03 - 01	BE - Value	No Current Equivalent	BE - Value
227.	Value Information/ Health Care Code Information	2300 - HI04 - 01	BE - Value	No Current Equivalent	BE - Value
228.	Value Information/ Health Care Code Information	2300 - HI05 - 01	BE - Value	No Current Equivalent	BE - Value
229.	Value Information/ Health Care Code Information	2300 - HI06 - 01	BE - Value	No Current Equivalent	BE - Value
230.	Value Information/ Health Care Code Information	2300 - HI07 - 01	BE - Value	No Current Equivalent	BE - Value
231.	Value Information/ Health Care Code Information	2300 - HI08 - 01	BE - Value	No Current Equivalent	BE - Value
232.	Value Information/ Health Care Code Information	2300 - HI09 - 01	BE - Value	No Current Equivalent	BE - Value
233.	Value Information/ Health Care Code Information	2300 - HI10 - 01	BE - Value	No Current Equivalent	BE - Value
234.	Value Information/ Health Care Code Information	2300 - HI11 - 01	BE - Value	No Current Equivalent	BE - Value
235.	Value Information/ Health Care Code Information	2300 - HI12 - 01	BE - Value	No Current Equivalent	BE - Value
236.	Condition Information/ Health Care Code Information	2300 - HI01 - 01	BG - Condition	No Current Equivalent	BG - Condition

AHCCCS 837 Institutional Codes and Values Mapping

Final DRAFT

#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
237.	Condition Information/ Health Care Code Information	2300 - HI01 - 02	01 Military Service Related 02 Condition is Related to Employment 03 Patient Covered by Insurance Not Reflected Here 04 HMO Enrollee 05 Lien Has Been Filed 06 ESRD Patient in First 18 months of Entitlement Covered by Employer Group Health Insurance 07 Treatment of Non-Terminal Condition for Hospice Patient 08 Beneficiary Would Not Provide Information Concerning Other Insurance Coverage 09 Neither Patient Nor Spouse is Employed 10 Patient and/or Spouse is Employed but No EGHP Exists 11 Disabled Beneficiary but No LGHP 17 Patient is Homeless 18 Maiden Name Retained 19 Child Retains Mother's Name 20 Beneficiary Requested Billing 21 Billing for Denial Notice 22 Patient on Multiple Drug Regimen 23 Home Care Giver Available 24 Home IV Patient Also Receiving HHA Services 25 Patient is a Non-US Resident 26 VA Eligible Patient Chooses to Receive Services in a Medicare Certified Facility 27 Patient Referred to a Sole Community Hospital for a Diagnostic Lab Test 28 Patient and/or Spouse's EGHP is Secondary to Medicare 29 Disabled Beneficiary and/or Family Member's LGHP is Secondary to Medicare 31 Patient is Student (Full Time – Day) 32 Patient is Student (Cooperative/Work Study Program) 33 Patient is Student (Full Time – Night) 34 Patient is Student (Part Time) 36 General Care Patient in a Special Unit 37 Ward Accommodation at Patient Request 38 Semi-Private Room Not Available 39 Private Room Medically Necessary	Condition Codes: 01 MILITARY SERVICE RELATED 02 CONDITION IS EMPLOYMENT RELATED 03 PT COVERED BY INS NOT REFLECTED ON BILL 04 HMO ENROLLEE 05 LIEN HAS BEEN FILED 06 ESRD PT IN 1ST YR ENTITLE GR HLTH INS 07 TX NON-TERM COND FOR HOSPICE PT 08 BENEFICIARY WOULD NOT PROVIDE INFO 09 NEITHER PATIENT OR SPOUSE EMPLOYED 10 PATIENT/SPOUSE EMPLOYED NO EGHP EXISTS 11 DISABLED BENEFICIARY BUT NO LGHP 17 PATIENT OVER 100 YRS OLD 18 MAIDEN NAME RETAINED 19 CHILD RETAINS MOTHER'S NAME 20 BENEFICIARY REQUESTED BILLING 21 BILLING FOR DENIAL NOTICE 22 PATIENT ON MULTIPLE DRUG REGIMEN 23 HOMECAREGIVER AVAILABLE 24 HOME IV PATIENT ALSO RECEIVING - HHA 26 VA ELIG. PATIENT CHOOSES MEDICARE FAC. 27 PATIENT REFERRED TO A SOLE COMM. HOSP. 28 PATIENT AND/OR SPOUSE'S EGHP IS 2ND TO MEDICARE	All AHCCCS values match HIPAA values except for the following AHCCCS values: 51 Discharge to Hospice/Home 62 Payer Code 63 Payer Use Only 64 Payer Use Only 65 Payer Use Only 80 Billing for Mother Only 81 Indian Health Services

AHCCCS 837 Institutional Codes and Values Mapping

Final DRAFT

#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
238.	Condition Information/ Health Care Code Information	2300 - HI01 – 02 (cont'd)	Cont'd: 40 Same Day Transfer 41 Partial Hospitalization 42 Continuing Care Not Related to Inpatient Admission 43 Continuing Care Not Provided Within Prescribed Post-discharge Window 46 CHAMPUS Non-Availability Statement on File 48 CHAMPUS Psychiatric Residential Treatment Centers for Children and Adolescents 55 SNF Bed Not Available 56 SNF Medical Appropriateness 57 SNF Readmission 60 Day Outlier 61 Cost Outlier 66 Provider Does Not Wish Cost Outlier Payment 67 Beneficiary Elects Not to Use Lifetime Reserve Days 68 Beneficiary Elects to Use Lifetime Reserve Days 69 IME Payment Only Bill 70 Renal Dialysis Self Administered EPO 71 Renal Dialysis Full Care in Unit 72 Renal Dialysis Self Care in Unit 73 Renal Dialysis Self Care Training 74 Renal Dialysis Home 75 Renal Dialysis Home – 100 Percent Reimbursement 76 Renal Dialysis Back-up in Facility Dialysis 77 Renal Dialysis Provider Accepts or is Obligated/Required due to a Contractual Arrangement or Law to Accept Payment by Primary Payer as Payment in Full 78 Renal Dialysis New Coverage Not Implemented by HMO 79 CORF Services Provided Offsite A0 CHAMPUS External Partnership Program A1 EPSDT/CHAP A2 Physically Handicapped Children's Program A3 Special Federal Funding A4 Family Planning A5 Disability A6 Pregnancy/Infant Care 100% Payment A7 Induced Abortion – Danger to Life	Cont'd: 29 DISABLED BENEFICIARY LGHP IS 2ND TO MED. 31 PATIENT IS FULL-TIME DAY STUDENT 32 PT IS STUDENT COOP/WORK STUDY 33 PT IS FULL-TIME NIGHT STUDENT 34 PT IS PART-TIME STUDENT 36 GEN CARE PT IN SPEC UNIT 37 WARD ACCOM AT PT REQUEST 38 SEMI-PRIVATE ROOM NOT AVAILABLE 39 PRIVATE ROOM MEDICALLY NECESSARY 40 SAME DAY TRANSFER 41 PARTIAL HOSPITALIZATION 46 NON-AVAILABILITY STATEMENT ON FILE 47 NON-AVAILABILITY STATEMENT NOT REQUIRED 48 PSYCH/RTC FOR CHILDREN & ADOLESCENTS 51 DISCHARGE TO HOSPICE-HOME 55 SNF BED NOT AVAILABLE 56 MEDICAL APPROPRIATENESS 57 SNF READMISSION 60 LENGTH ON DAY OUTLIER 61 COST OUTLIER 62 PAYER CODE 63 PAYER USE ONLY 64 PAYER USE ONLY 65 PAYER USE ONLY 66 PROVIDER DOES NOT WISH COST OUTLIER PYMT	

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
239.	Condition Information/ Health Care Code Information	2300 - HI01 – 02 (cont'd)	Cont'd: A8 Induced Abortion – Victim Rape/Incest A9 Second Opinion Surgery C1 Approved as Billed C2 Automatic Approval as Billed Based on Focused Review C3 Partial Approval C4 Admission/Services Denied C5 Postpayment Review Applicable C6 Admission Preauthorization C7 Extended Authorization D0 Changes to Service Dates D1 Changes to Charges D2 Changes in Revenue Codes/HCPSCS D3 Second or Subsequent Interim PPS Bill D4 Change in GROUPER Input D5 Cancel to Correct HICN or Provider ID D6 Cancel Only to Repay a Duplicate or OIG Overpayment D7 Change to Make Medicare Secondary D8 Change to Make Medicare the Primary Payer D9 Any Other Change E0 Change in Patient Status	Cont'd: 70 SELF-ADMINISTERED EPO 71 FULL CARE IN UNIT 72 SELF-CARE IN UNIT 73 SELF-CARE TRAINING 74 HOME 75 HOME 100% REIMBURSEMENT 76 BACK-UP IN FACILITY DIALYSIS 77 PRVD ACCEPTS PYMT IN FULL 78 NEW COVERAGE NOT IMPLEMENTED BY HMO 79 CORF SERVICES PROVIDED OFFSITE 80 BILLING FOR MOTHER ONLY 81 INDIAN HEALTH SERVICES A0 CHAMPUS EXTERNAL PARTNERSHIP PROGRAM A1 EPSDT/CHAP A2 PHYSICALLY HANDICAPPED A3 SPECIAL FEDERAL FUNDING A4 FAMILY PLANNING A5 DISABILITY A6 PRV/MEDICARE 100% PAYMENT A7 INDUCED ABORTION, DANGER TO LIFE A8 INDUCED ABORTION, VICTIM RAPE/INCEST A9 SECOND OPINION SURGERY C1 APPROVED AS BILLED C2 AUTOMATIC APPROVAL AS BILLED-FOCUSED RVW C3 PARTIAL APPROVAL C4 ADMISSION/SERVICES	

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
240.	Condition Information/ Health Care Code Information	2300 - HI01 – 02 (cont'd)		Cont'd: C5 POSTPAYMENT REVIEW APPLICABLE C6 ADMISSION PREAUTHORIZED C7 EXTENDED AUTHORIZATION D0 CHANGES TO SERVICE DATES D1 CHANGES TO CHARGES D2 CHANGES TO REVENUE CODES/HCPCS D3 SECOND OR SUBSEQUENT INTERIM PPS BILL D4 CHANGE IN GROUPER INPUT D5 CANCEL TO CORRECT HICN OR PROVIDER ID D6 CANCEL ONLY TO REPAY A DUP OR OIG OVRPAY D7 CHANGE TO MAKE MEDICARE THE 2ND PAYER D8 CHANGE TO MAKE MEDICARE PRIMARY PAYER D9 ANY OTHER CHANGE E0 CHANGE IN PATIENT STATUS	
241.	Condition Information/ Health Care Code Information	2300 - HI02 - 01	BG – Condition	No Current Equivalent	BG - Condition
242.	Condition Information/ Health Care Code Information	2300 - HI03 - 01	BG - Condition	No Current Equivalent	BG - Condition
243.	Condition Information/ Health Care Code Information	2300 - HI04 - 01	BG - Condition	No Current Equivalent	BG - Condition
244.	Condition Information/ Health Care Code Information	2300 - HI05 - 01	BG - Condition	No Current Equivalent	BG - Condition
245.	Condition Information/ Health Care Code Information	2300 - HI06 - 01	BG - Condition	No Current Equivalent	BG - Condition

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
246.	Condition Information/ Health Care Code Information	2300 - HI07 - 01	BG - Condition	No Current Equivalent	BG - Condition
247.	Condition Information/ Health Care Code Information	2300 - HI08 - 01	BG - Condition	No Current Equivalent	BG - Condition
248.	Condition Information/ Health Care Code Information	2300 - HI09 - 01	BG - Condition	No Current Equivalent	BG - Condition
249.	Condition Information/ Health Care Code Information	2300 - HI10 - 01	BG - Condition	No Current Equivalent	BG - Condition
250.	Condition Information/ Health Care Code Information	2300 - HI11 - 01	BG - Condition	No Current Equivalent	BG - Condition
251.	Condition Information/ Health Care Code Information	2300 - HI12 - 01	BG - Condition	No Current Equivalent	BG - Condition
252.	Treatment Code Information/ Health Care Code Information	2300 - HI01 - 01	TC - Treatment Codes	No Current Equivalent	TC - Treatment Codes

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
253.	Treatment Code Information/ Health Care Code Information	2300 - HI01 - 02	<p><u>Skilled Nursing:</u> A1 Skilled Observation and Assessment (incl V.S., Response to Med., etc.) A2 Foley Insertion A3 Bladder Instillation A4 Wound Care/Dressing A5 Decubitus Care A6 Venipuncture A7 Restorative Nursing A8 Post Cataract Care A9 Bowel/Bladder Training A10 Chest Physio (incl. Postural Drainage) A11 Adm. Of Vitamin B/12 A12 Prep./Adm. of Insulin A13 Adm. Other IM/Subq. A14 Adm. IV's/Clysis A15 Teach. Ostomy or Ileo conduit care A16 Teach. Nasogastric Feeding A17 Reinsertion Nasogastric A18 Teach. Gastrostomy Feeding A19 Teach. Parenteral Nutrition A20 Teach. Care of Trach A21 Adm. Care of Trach A22 Teach. Inhalation Rx A23 Adm. Inhalation Rx A24 Teach. Adm. Of Injection A25 Teach. Diabetic Care A26 Disimpaction/Follow -Up Enema A27 Other (Spec. under Orders) A28 Wound Care/Dressing-Closed Incision/Suture Line A29 Decubitus Care (Other than A5) A30 Teaching Care of Any Indwelling Catheter A31 Management and Evaluation of a Patient Care Plan A32 Teaching and Training (Other) (spec. under Order)</p> <p><u>Physical Therapy:</u> B1 Evaluation B2 Therapeutic Exercise B3 Transfer Training B4 Gait Training B5 Gait Training</p>	No Current Equivalent	<p><u>Skilled Nursing:</u> A1 Skilled Observation and Assessment (incl V.S., Response to Med., etc.) A2 Foley Insertion A3 Bladder Instillation A4 Wound Care/Dressing A5 Decubitus Care A6 Venipuncture A7 Restorative Nursing A8 Post Cataract Care A9 Bowel/Bladder Training A10 Chest Physio (incl. Postural Drainage) A11 Adm. Of Vitamin B/12 A12 Prep./Adm. of Insulin A13 Adm. Other IM/Subq. A14 Adm. IV's/Clysis A15 Teach. Ostomy or Ileo conduit care A16 Teach. Nasogastric Feeding A17 Reinsertion Nasogastric A18 Teach. Gastrostomy Feeding A19 Teach. Parenteral Nutrition A20 Teach. Care of Trach A21 Adm. Care of Trach A22 Teach. Inhalation Rx A23 Adm. Inhalation Rx A24 Teach. Adm. Of Injection A25 Teach. Diabetic Care A26 Disimpaction/Follow -Up Enema A27 Other (Spec. under Orders) A28 Wound Care/Dressing-Closed Incision/Suture Line A29 Decubitus Care (Other than A5) A30 Teaching Care of Any Indwelling Catheter A31 Management and Evaluation of a Patient Care Plan A32 Teaching and Training (Other) (spec. under Order)</p> <p><u>Physical Therapy:</u> B1 Evaluation B2 Therapeutic Exercise B3 Transfer Training</p>

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
254.	Treatment Code Information/ Health Care Code Information	2300 - HI01 – 02 Cont'd	<p>Cont'd:</p> <p>B6 Pulmonary Physical Therapy</p> <p>B7 Ultrasound</p> <p>B8 Electrotherapy</p> <p>B9 Prosthetic Training</p> <p>B10 Fabrication Temporary Devices</p> <p>B11 Muscle Reeducation</p> <p>B12 Management and Evaluation of a Patient Care Plan</p> <p>B15 Other (Specify Under Orders)</p> <p><u>Speech Therapy:</u></p> <p>C1 Evaluation</p> <p>C2 Voice Disorders Treatments</p> <p>C3 Speech Articulation Disorders Treatments</p> <p>C4 Dysphagia Treatments</p> <p>C5 Language Disorders Treatments</p> <p>C6 Aural Rehabilitation</p> <p>C8 Nonoral Communications</p> <p>C9 Other (Specify Under Orders)</p> <p><u>Occupational Therapy:</u></p> <p>D1 Evaluation</p> <p>D2 Independent Living/Daily Living Skills (ADL Training)</p> <p>D3 Muscle Re-education</p> <p>D5 Perceptual Motor Training</p> <p>D6 Fine Motor Coordination</p> <p>D7 Neurodevelopment Treatment</p> <p>D8 Sensory Treatment</p> <p>D9 Orthotics/Splinting</p> <p>D10 Adaptive Equipment (Fabrication and Training)</p> <p><u>Medical Social Services:</u></p> <p>E1 Assessment of Social and Emotional Factors</p> <p>E2 Counseling for Long-Range Planning and Decision-Making</p> <p>E3 Community Resource Planning</p> <p>E4 Short Term Therapy</p> <p>E6 Other (Specify Under Orders)</p>		<p>B4 Home Program</p> <p>B5 Gait Training</p> <p>B6 Pulmonary Physical Therapy</p> <p>B7 Ultrasound</p> <p>B8 Electrotherapy</p> <p>B9 Prosthetic Training</p> <p>B10 Fabrication Temporary Devices</p> <p>B11 Muscle Reeducation</p> <p>B12 Management and Evaluation of a Patient Care Plan</p> <p>B15 Other (Specify Under Orders)</p> <p><u>Speech Therapy:</u></p> <p>C1 Evaluation</p> <p>C2 Voice Disorders Treatments</p> <p>C3 Speech Articulation Disorders Treatments</p> <p>C4 Dysphagia Treatments</p> <p>C5 Language Disorders Treatments</p> <p>C6 Aural Rehabilitation</p> <p>C8 Nonoral Communications</p> <p>C9 Other (Specify Under Orders)</p> <p><u>Occupational Therapy:</u></p> <p>D1 Evaluation</p> <p>D2 Independent Living/Daily Living Skills (ADL Training)</p> <p>D3 Muscle Re-education</p> <p>D5 Perceptual Motor Training</p> <p>D6 Fine Motor Coordination</p> <p>D7 Neurodevelopment Treatment</p> <p>D8 Sensory Treatment</p> <p>D9 Orthotics/Splinting</p> <p>D10 Adaptive Equipment (Fabrication and Training)</p> <p><u>Medical Social Services:</u></p> <p>E1 Assessment of Social and Emotional Factors</p> <p>E2 Counseling for Long-Range Planning and Decision-Making</p> <p>E3 Community Resource Planning</p> <p>E4 Short Term Therapy</p> <p>E6 Other (Specify Under Orders)</p>

AHCCCS 837 Institutional Codes and Values Mapping Final DRAFT

#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
255.	Treatment Code Information/ Health Care Code Information	2300 - HI01 – 02 Cont'd	Cont'd: <u>Home Health Aide:</u> F1 Tub/Shower Bath F2 Partial/Complete Bed Bath F4 Personal Care F6 Catheter Care F8 Assist with Ambulation F10 Exercises F11 Prepare Meal F12 Grocery Shop F13 Wash Clothes F14 Housekeeping		<u>Home Health Aide:</u> F1 Tub/Shower Bath F2 Partial/Complete Bed Bath F4 Personal Care F6 Catheter Care F8 Assist with Ambulation F10 Exercises F11 Prepare Meal F12 Grocery Shop F13 Wash Clothes F14 Housekeeping
256.	Treatment Code Information/ Health Care Code Information	2300 - HI02 - 01	TC - Treatment Codes	No Current Equivalent	TC - Treatment Codes
257.	Treatment Code Information/ Health Care Code Information	2300 - HI03 - 01	TC - Treatment Codes	No Current Equivalent	TC - Treatment Codes
258.	Treatment Code Information/ Health Care Code Information	2300 - HI04 - 01	TC - Treatment Codes	No Current Equivalent	TC - Treatment Codes
259.	Treatment Code Information/ Health Care Code Information	2300 - HI05 - 01	TC - Treatment Codes	No Current Equivalent	TC - Treatment Codes
260.	Treatment Code Information/ Health Care Code Information	2300 - HI06 - 01	TC - Treatment Codes	No Current Equivalent	TC - Treatment Codes
261.	Treatment Code Information/ Health Care Code Information	2300 - HI07 - 01	TC - Treatment Codes	No Current Equivalent	TC - Treatment Codes
262.	Treatment Code Information/ Health Care Code Information	2300 - HI08 - 01	TC - Treatment Codes	No Current Equivalent	TC - Treatment Codes
263.	Treatment Code Information/ Health Care Code Information	2300 - HI09 - 01	TC - Treatment Codes	No Current Equivalent	TC - Treatment Codes
264.	Treatment Code Information/ Health Care Code Information	2300 - HI10 - 01	TC - Treatment Codes	No Current Equivalent	TC - Treatment Codes
265.	Treatment Code Information/ Health Care Code Information	2300 - HI11 - 01	TC - Treatment Codes	No Current Equivalent	TC - Treatment Codes
266.	Treatment Code Information/ Health Care Code Information	2300 - HI12 - 01	TC - Treatment Codes	No Current Equivalent	TC - Treatment Codes

AHCCCS 837 Institutional Codes and Values Mapping

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
267.	Claim Quantity/ Quantity Qualifier	2300 - QTY01	CA – Covered - Actual CD – Co-insured - Actual LA – Life-time Reserve - Actual NA – Number of Non-covered Days	No Current Equivalent	CA – Covered - Actual CD – Co-insured - Actual LA – Life-time Reserve - Actual NA – Number of Non-covered Days
268.	Claim Quantity/ Unit or Basis for Measurement Code	2300 - QTY03 - 01	DA - Days	No Current Equivalent	DA - Days
269.	Claim Pricing/Repricing Information/ Pricing Methodology	2300 - HCP01	00 – Zero Pricing (Not Covered Under Contract) 01 – Priced as Billed at 100% 02 – Priced at the Standard Fee Schedule 03 – Priced at a Contractual Percentage 04 – Bundled Pricing 05 – Peer Review Pricing 06 – Per Diem Pricing 07 – Flat Rate Pricing 08 – Combination Pricing 09 – Maternity Pricing 10 – Other Pricing 11 – Lower of Cost 12 – Ratio of Cost 13 – Cost Reimbursed 14 – Adjustment Pricing	No Current Equivalent	00 – Zero Pricing (Not Covered Under Contract) 01 – Priced as Billed at 100% 02 – Priced at the Standard Fee Schedule 03 – Priced at a Contractual Percentage 04 – Bundled Pricing 05 – Peer Review Pricing 06 – Per Diem Pricing 07 – Flat Rate Pricing 08 – Combination Pricing 09 – Maternity Pricing 10 – Other Pricing 11 – Lower of Cost 12 – Ratio of Cost 13 – Cost Reimbursed 14 – Adjustment Pricing
270.	Claim Pricing/Repricing Information/ Product/Service ID Qualifier	2300 - HCP09	HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes	No Current Equivalent	HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
271.	Claim Pricing/Repricing Information/ Unit or Basis for Measurement Code	2300 - HCP11	DA – Days UN – Unit	No Current Equivalent	DA – Days UN – Unit

AHCCCS 837 Institutional Codes and Values Mapping

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
272.	Claim Pricing/Repricing Information/ Reject Reason Code	2300 - HCP13	T1 – Cannot Identify Provider as TPO (Third Party Organization) Participant T2 – Cannot Identify Payer as TPO (Third Party Organization) Participant T3 – Cannot Identify Insured as TPO (Third Party Organization) Participant T4 – Payer Name or Identifier Missing T5 – Certification Information Missing T6 – Claim does not contain enough information for re-pricing	No Current Equivalent	T1 – Cannot Identify Provider as TPO (Third Party Organization) Participant T2 – Cannot Identify Payer as TPO (Third Party Organization) Participant T3 – Cannot Identify Insured as TPO (Third Party Organization) Participant T4 – Payer Name or Identifier Missing T5 – Certification Information Missing T6 – Claim does not contain enough information for re-pricing
273.	Claim Pricing/Repricing Information/ Policy Compliance Code	2300 - HCP14	1 – Procedure Followed (Compliance) 2 – Not Followed - Call Not Made (Non-Compliance Call Not Made) 3 – Not Medically Necessary (Non-Compliance Non-Medically Necessary) 4 – Not Followed Other (Non-Compliance Other) 5 – Emergency Admit to Non-Network Hospital	No Current Equivalent	1 – Procedure Followed (Compliance) 2 – Not Followed - Call Not Made (Non-Compliance Call Not Made) 3 – Not Medically Necessary (Non-Compliance Non-Medically Necessary) 4 – Not Followed Other (Non-Compliance Other) 5 – Emergency Admit to Non-Network Hospital
274.	Claim Pricing/Repricing Information/ Exception Code	2300 - HCP15	1 – Non-Network Professional Provider in Network Hospital 2 – Emergency Care 3 – Services or Specialist not in Network 4 – Out-of-Service Area 5 – State Mandates 6 – Other	No Current Equivalent	1 – Non-Network Professional Provider in Network Hospital 2 – Emergency Care 3 – Services or Specialist not in Network 4 – Out-of-Service Area 5 – State Mandates 6 – Other
275.	Home Health Care Plan Information/ Discipline Type Code	2305 - CR701	AI – Home Health Aide MS – Medical Social Worker OT – Occupational Therapy PT – Physical Therapy SN – Skilled Nursing ST – Speech Therapy	No Current Equivalent	AI – Home Health Aide MS – Medical Social Worker OT – Occupational Therapy PT – Physical Therapy SN – Skilled Nursing ST – Speech Therapy
276.	Health Care Services Delivery/ Quantity Qualifier	2305 - HSD01	VS – Visits	No Current Equivalent	VS – Visits

AHCCCS 837 Institutional Codes and Values Mapping Final DRAFT

#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
277.	Health Care Services Delivery/ Unit or Basis for Measurement Code	2305 - HSD03	DA – Days MO – Months Q1 – Quarter (Time) WK – Week	No Current Equivalent	DA – Days MO – Months Q1 – Quarter (Time) WK – Week
278.	Health Care Services Delivery/ Time Period Qualifier	2305 - HSD05	35 – Week 7 – Day	No Current Equivalent	35 – Week 7 – Day
279.	Health Care Services Delivery/ Ship/Delivery or Calendar Pattern Code	2305 - HSD07	1 – 1st Week of the Month 2 – 2nd Week of the Month 3 – 3rd Week of the Month 4 – 4th Week of the Month 5 – 5th Week of the Month 6 – 1st & 3rd Weeks of the Month 7 – 2nd & 4th Weeks of the Month 8 – 1st Working Day of Period 9 – Last Working Day of Period A – Monday through Friday B – Monday through Saturday C – Monday through Sunday D – Monday E – Tuesday F – Wednesday G – Thursday H – Friday J – Saturday K – Sunday L – Monday through Thursday N – As Directed O – Daily Mon. through Fri. S – Once Anytime Mon. through Fri. SA – Sunday, Monday, Thursday, Friday, Saturday SB – Tuesday through Saturday SC – Sunday, Wednesday, Thursday, Friday, Saturday	No Current Equivalent	1 – 1st Week of the Month 2 – 2nd Week of the Month 3 – 3rd Week of the Month 4 – 4th Week of the Month 5 – 5th Week of the Month 6 – 1st & 3rd Weeks of the Month 7 – 2nd & 4th Weeks of the Month 8 – 1st Working Day of Period 9 – Last Working Day of Period A – Monday through Friday B – Monday through Saturday C – Monday through Sunday D – Monday E – Tuesday F – Wednesday G – Thursday H – Friday J – Saturday K – Sunday L – Monday through Thursday N – As Directed O – Daily Mon. through Fri. S – Once Anytime Mon. through Fri. SA – Sunday, Monday, Thursday, Friday, Saturday SB – Tuesday through Saturday SC – Sunday, Wednesday, Thursday, Friday, Saturday

AHCCCS 837 Institutional Codes and Values Mapping Final DRAFT

#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
	Health Care Services Delivery/ Ship/Delivery or Calendar Pattern Code	2305 - HSD07	SD – Monday, Wednesday, Thursday, Friday, Saturday SG – Tuesday through Friday SL – Monday, Tuesday and Thursday SP – Monday, Tuesday and Friday SX – Wednesday and Thursday SY – Monday, Wednesday and Thursday SZ – Tuesday, Thursday and Friday W – Whenever Necessary	No Current Equivalent	SD – Monday, Wednesday, Thursday, Friday, Saturday SG – Tuesday through Friday SL – Monday, Tuesday and Thursday SP – Monday, Tuesday and Friday SX – Wednesday and Thursday SY – Monday, Wednesday and Thursday SZ – Tuesday, Thursday and Friday W – Whenever Necessary
280.	Health Care Services Delivery/ Ship/Delivery Pattern Time Code	2305 - HSD08	D – A.M. E – P.M. F – As Directed	No Current Equivalent	D – A.M. E – P.M. F – As Directed
281.	Attending Physician Name/ Entity Identifier Code	2310A - NM101	71 – Attending Physician	No Current Equivalent	71 – Attending Physician
282.	Attending Physician Name/ Entity Type Qualifier	2310A - NM102	1 – Person 2 – Non-Person Entity	No Current Equivalent	1 – Person 2 – Non-Person Entity
283.	Attending Physician Name/ Identification Code Qualifier	2310A - NM108	24 – Employer's Identification Number 34 – Social Security Number XX – Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 – Employer's Identification Number 34 – Social Security Number XX – Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
284.	Attending Physician Specialty Information/ Provider Code	2310A - PRV01	AT – Attending SU – Supervising	No Current Equivalent	AT – Attending SU – Supervising
285.	Attending Physician Specialty Information/ Reference Identification Qualifier	2310A - PRV02	ZZ – Mutually Defined	No Current Equivalent	ZZ – Mutually Defined

AHCCCS 837 Institutional Codes and Values Mapping Final DRAFT

#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
286.	Attending Physician Secondary Identification/ Reference Identification Qualifier	2310A - REF01	0B – State License Number 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number SY – Social Security Number X5 – State Industrial Accident Provider Number	No Current Equivalent	0B – State License Number 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number SY – Social Security Number X5 – State Industrial Accident Provider Number
287.	Operating Physician Name/ Entity Identifier Code	2310B - NM101	72 – Operating Physician	No Current Equivalent	72 – Operating Physician
288.	Operating Physician Name/ Entity Type Qualifier	2310B - NM102	1 – Person	No Current Equivalent	1 – Person
289.	Operating Physician Name/ Identification Code Qualifier	2310B - NM108	24 – Employer's Identification Number 34 – Social Security Number XX – Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 – Employer's Identification Number 34 – Social Security Number XX – Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
290.	Operating Physician Specialty Information/ Provider Code	2310B - PRV01	OP – Operating	No Current Equivalent	OP – Operating
291.	Operating Physician Specialty Information/ Reference Identification Qualifier	2310B - PRV02	ZZ – Mutually Defined	No Current Equivalent	ZZ – Mutually Defined

AHCCCS 837 Institutional Codes and Values Mapping

Final DRAFT

#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
292.	Operating Physician Secondary Identification/ Reference Identification Qualifier	2310B - REF01	0B – State License Number 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number SY – Social Security Number X5 – State Industrial Accident Provider Number	No Current Equivalent	0B – State License Number 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number SY – Social Security Number X5 – State Industrial Accident Provider Number
293.	Other Provider Name/ Entity Identifier Code	2310C - NM101	73 – Other Physician	No Current Equivalent	73 – Other Physician
294.	Other Provider Name/ Entity Type Qualifier	2310C - NM102	1 – Person 2 – Non-Person Entity	No Current Equivalent	1 – Person 2 – Non-Person Entity
295.	Other Provider Name/ Identification Code Qualifier	2310C - NM108	24 – Employer's Identification Number 34 – Social Security Number XX – Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 – Employer's Identification Number 34 – Social Security Number XX – Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
296.	Other Provider Specialty Information/ Provider Code	2310C - PRV01	OT – Other Physician PE – Performing	No Current Equivalent	OT – Other Physician PE – Performing
297.	Other Provider Specialty Information/ Reference Identification Qualifier	2310C - PRV02	ZZ – Mutually Defined	No Current Equivalent	ZZ – Mutually Defined

AHCCCS 837 Institutional Codes and Values Mapping Final DRAFT

#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
298.	Other Provider Secondary Identification/ Reference Identification Qualifier	2310C - REF01	0B – State License Number 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number SY – Social Security Number X5 – State Industrial Accident Provider Number	No Current Equivalent	0B – State License Number 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number SY – Social Security Number X5 – State Industrial Accident Provider Number
299.	Referring Provider Name/ Entity Identifier Code – LOOP DELETED BY ADDENDA	2310D - NM101	DN – Referring Provider P3 – Primary Care Provider	No Current Equivalent	DN – Referring Provider P3 – Primary Care Provider
300.	Referring Provider Name/ Entity Type Qualifier – LOOP DELETED BY ADDENDA	2310D - NM102	1 – Person 2 – Non-Person Entity	No Current Equivalent	1 – Person 2 – Non-Person Entity
301.	Referring Provider Name/ Identification Code Qualifier – LOOP DELETED BY ADDENDA	2310D - NM108	24 – Employer's Identification Number 34 – Social Security Number XX – Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 – Employer's Identification Number 34 – Social Security Number XX – Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
302.	Referring Provider Specialty Information/ Provider Code – LOOP DELETED BY ADDENDA	2310D - PRV01	RF – Referring	No Current Equivalent	RF – Referring
303.	Referring Provider Specialty Information/ Reference Identification Qualifier – LOOP DELETED BY ADDENDA	2310D - PRV02	ZZ – Mutually Defined	No Current Equivalent	ZZ – Mutually Defined

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
304.	Referring Provider Secondary Identification/ Reference Identification Qualifier – LOOP DELETED BY ADDENDA	2310D - REF01	0B – State License Number 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number B3 – Preferred Provider Organization Number BQ – Health Maintenance Organization Code Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number SY – Social Security Number X5 – State Industrial Accident Provider Number	No Current Equivalent	0B – State License Number 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number B3 – Preferred Provider Organization Number BQ – Health Maintenance Organization Code Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number SY – Social Security Number X5 – State Industrial Accident Provider Number
305.	Service Facility Name/ Entity Identifier Code	2310E - NM101	FA – Facility	No Current Equivalent	FA – Facility
306.	Service Facility Name/ Entity Type Qualifier	2310E - NM102	2 – Non-Person Entity	No Current Equivalent	2 – Non-Person Entity
307.	Service Facility Name/ Identification Code Qualifier	2310E - NM108	24 – Employer's Identification Number 34 – Social Security Number XX – Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 – Employer's Identification Number 34 – Social Security Number XX – Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
308.	Service Facility Specialty Information/ Provider Code	2310E - PRV01	RP – Reporting Provider	No Current Equivalent	RP – Reporting Provider
309.	Service Facility Specialty Information/ Reference Identification Qualifier	2310E - PRV02	ZZ – Mutually Defined	No Current Equivalent	ZZ – Mutually Defined

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
310.	Service Facility Secondary Identification/ Reference Identification Qualifier	2310E - REF01	0B – State License Number 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number 1J – Facility ID Number EI – Employer's Identification Number FH – Clinic Number G2 – Provider Commercial Number G5 – Provider Site Number LU – Location Number N5 – Provider Plan Network Identification Number X5 – State Industrial Accident Provider Number	No Current Equivalent	0B – State License Number 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number 1J – Facility ID Number EI – Employer's Identification Number FH – Clinic Number G2 – Provider Commercial Number G5 – Provider Site Number LU – Location Number N5 – Provider Plan Network Identification Number X5 – State Industrial Accident Provider Number
311.	Other Subscriber Information/ Payer Responsibility Sequence Number Code	2320 - SBR01	P – Primary S – Secondary T – Tertiary	No Current Equivalent	P – Primary S – Secondary T – Tertiary

AHCCCS 837 Institutional Codes and Values Mapping

Final DRAFT

#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
312.	Other Subscriber Information/ Individual Relationship Code	2320 - SBR02	01 – Spouse 04 – Grandfather or Grandmother 05 – Grandson or Granddaughter 07 – Nephew or Niece 10 – Foster Child 15 – Ward 17 – Stepson or Stepdaughter 18 – Self 19 – Child 20 – Employee 21 – Unknown 22 – Handicapped Dependent 23 – Sponsored Dependent 24 – Dependent of a Minor Dependent 29 – Significant Other 32 – Mother 33 – Father 36 – Emancipated Minor 39 – Organ Donor 40 – Cadaver Donor 41 – Injured Plaintiff 43 – Child Where Insured Has No Financial Responsibility 53 – Life Partner G8 – Other Relationship	No Current Equivalent	01 – Spouse 04 – Grandfather or Grandmother 05 – Grandson or Granddaughter 07 – Nephew or Niece 10 – Foster Child 15 – Ward 17 – Stepson or Stepdaughter 19 – Child 20 – Employee 21 – Unknown 22 – Handicapped Dependent 23 – Sponsored Dependent 24 – Dependent of a Minor Dependent 29 – Significant Other 32 – Mother 33 – Father 36 – Emancipated Minor 39 – Organ Donor 40 – Cadaver Donor 41 – Injured Plaintiff 43 – Child Where Insured Has No Financial Responsibility 53 – Life Partner G8 – Other Relationship

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
313.	Other Subscriber Information/ Claim Filing Indicator Code	2320 - SBR09	09 – Self-pay 10 – Central Certification 11 – Other Non-Federal Programs 12 – Preferred Provider Organization (PPO) 13 – Point of Service (POS) 14 – Exclusive Provider Organization (EPO) 15 – Indemnity Insurance 16 – Health Maintenance Organization (HMO) Medicare Risk AM – Automobile Medical BL – Blue Cross/Blue Shield CH – Champus CI – Commercial Insurance Co. DS – Disability HM – Health Maintenance Organization LI – Liability LM – Liability Medical MA – Medicare Part A MB – Medicare Part B MC – Medicaid OF – Other Federal Program TV – Title V VA – Veteran Administration Plan WC – Workers' Compensation Health Claim ZZ – Mutually Defined	No Current Equivalent	09 – Self-pay 10 – Central Certification 11 – Other Non-Federal Programs 12 – Preferred Provider Organization (PPO) 13 – Point of Service (POS) 14 – Exclusive Provider Organization (EPO) 15 – Indemnity Insurance 16 – Health Maintenance Organization (HMO) Medicare Risk AM – Automobile Medical BL – Blue Cross/Blue Shield CH – Champus CI – Commercial Insurance Co. DS – Disability HM – Health Maintenance Organization LI – Liability LM – Liability Medical MA – Medicare Part A MB – Medicare Part B MC – Medicaid OF – Other Federal Program TV – Title V VA – Veteran Administration Plan WC – Workers' Compensation Health Claim ZZ – Mutually Defined
314.	Claim Level Adjustment/ Claim Adjustment Group Code	2320 - CAS01	CO – Contractual Obligations CR – Correction and Reversals OA – Other adjustments PI – Payor Initiated Reductions PR – Patient Responsibility	No Current Equivalent	CO – Contractual Obligations CR – Correction and Reversals OA – Other adjustments PI – Payor Initiated Reductions PR – Patient Responsibility
315.	Payer Prior Payment/ Amount Qualifier Code	2320 - AMT01	C4 – Prior Payment - Actual	No Current Equivalent	C4 – Prior Payment - Actual

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
316.	Coordination of Benefits (COB) Total Allowed Amount/ Amount Qualifier Code	2320 - AMT01	B6 – Allowed - Actual	No Current Equivalent	B6 – Allowed - Actual
317.	Coordination of Benefits (COB) Total Submitted Charges/ Amount Qualifier Code	2320 - AMT01	T3 – Total Submitted Charges	No Current Equivalent	T3 – Total Submitted Charges
318.	Diagnostic Related Group (DRG) Outlier Amount/ Amount Qualifier Code	2320 - AMT01	ZZ – Mutually Defined	No Current Equivalent	ZZ – Mutually Defined
319.	Coordination of Benefits (COB) Total Medicare Paid Amount/ Amount Qualifier Code	2320 - AMT01	N1 – Net Worth	No Current Equivalent	N1 – Net Worth
320.	Medicare Paid Amount - 100%/ Amount Qualifier Code	2320 - AMT01	KF – Net Paid Amount	No Current Equivalent	KF – Net Paid Amount
321.	Medicare Paid Amount - 80%/ Amount Qualifier Code	2320 - AMT01	PG – Payoff	No Current Equivalent	PG – Payoff
322.	Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount/ Amount Qualifier Code	2320 - AMT01	AA – Allocated	No Current Equivalent	AA – Allocated
323.	Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount/ Amount Qualifier Code	2320 - AMT01	B1 – Benefit Amount	No Current Equivalent	B1 – Benefit Amount
324.	Coordination of Benefits (COB) Total Non-covered Amount/ Amount Qualifier Code	2320 - AMT01	A8 – Noncovered Charges - Actual	No Current Equivalent	A8 – Noncovered Charges - Actual
325.	Coordination of Benefits (COB) Total Denied Amount/ Amount Qualifier Code	2320 - AMT01	YT – Denied	No Current Equivalent	YT – Denied
326.	Other Subscriber Demographic Information/ Date Time Period Format Qualifier	2320 - DMG01	D8 – Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 – Date Expressed in Format CCYYMMDD
327.	Other Subscriber Demographic Information/ Gender Code	2320 - DMG03	F – Female M – Male U – Unknown	No Current Equivalent	F – Female M – Male U – Unknown
328.	Other Insurance Coverage Information/ Yes/No Condition or Response Code	2320 - OI03	N – No Y – Yes	No Current Equivalent	N – No Y – Yes

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
329.	Other Insurance Coverage Information/ Release of Information Code	2320 - OI06	A – Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization I – Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes M – The Provider has Limited or Restricted Ability to Release Data Related to a Claim N – No, Provider is Not Allowed to Release Data O – On file at Payor or at Plan Sponsor Y – Yes, Provider has a Signed Statement Permitting Release of Medical BillingData Related to a Claim	No Current Equivalent	A – Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization I – Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes M – The Provider has Limited or Restricted Ability to Release Data Related to a Claim N – No, Provider is Not Allowed to Release Data O – On file at Payor or at Plan Sponsor Y – Yes, Provider has a Signed Statement Permitting Release of Medical BillingData Related to a Claim
330.	Other Subscriber Name/ Entity Identifier Code	2330A - NM101	IL – Insured or Subscriber	No Current Equivalent	IL – Insured or Subscriber
331.	Other Subscriber Name/ Entity Type Qualifier	2330A - NM102	1 – Person 2 – Non-Person Entity	No Current Equivalent	1 – Person 2 – Non-Person Entity
332.	Other Subscriber Name/ Identification Code Qualifier	2330A - NM108	MI – Member Identification Number ZZ – Mutually Defined	No Current Equivalent	MI – Member Identification Number ZZ – Mutually Defined
333.	Other Subscriber Secondary Information/ Reference Identification Qualifier	2330A - REF01	1W – Member Identification Number 23 – Client Number IG – Insurance Policy Number SY – Social Security Number	No Current Equivalent	1W – Member Identification Number 23 – Client Number IG – Insurance Policy Number SY – Social Security Number
334.	Other Payer Name/ Entity Identifier Code	2330B - NM101	PR – Payer	No Current Equivalent	PR – Payer
335.	Other Payer Name/ Entity Type Qualifier	2330B - NM102	2 – Non-Person Entity	No Current Equivalent	2 – Non-Person Entity
336.	Other Payer Name/ Identification Code Qualifier	2330B - NM108	PI – Payor Identification XV – Health Care Financing Administration National PlanID<BI>Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	PI – Payor Identification XV – Health Care Financing Administration National PlanID<BI>Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.
337.	Claim Adjudication Date/ Date/Time Qualifier	2330B - DTP01	573 – Date Claim Paid	No Current Equivalent	573 – Date Claim Paid

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
338.	Claim Adjudication Date/ Date Time Period Format Qualifier	2330B - DTP02	D8 – Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 – Date Expressed in Format CCYYMMDD
339.	Other Payer Secondary Identification and Reference Number/ Reference Identification Qualifier	2330B - REF01	2U – Payer Identification Number F8 – Original Reference Number FY – Claim Office Number NF – National Association of Insurance Commissioners (NAIC) Code TJ – Federal Taxpayer's Identification Number	No Current Equivalent	2U – Payer Identification Number F8 – Original Reference Number FY – Claim Office Number NF – National Association of Insurance Commissioners (NAIC) Code TJ – Federal Taxpayer's Identification Number
340.	Other Payer Prior Authorization or Referral Number/ Reference Identification Qualifier	2330B - REF01	9F – Referral Number G1 – Prior Authorization Number	No Current Equivalent	9F – Referral Number G1 – Prior Authorization Number
341.	Other Payer Patient Information/ Entity Identifier Code	2330C - NM101	QC – Patient	No Current Equivalent	QC – Patient
342.	Other Payer Patient Information/ Entity Type Qualifier	2330C - NM102	1 – Person	No Current Equivalent	1 – Person
343.	Other Payer Patient Information/ Identification Code Qualifier	2330C - NM108	EI – Employee Identification Number MI – Member Identification Number	No Current Equivalent	EI – Employee Identification Number MI – Member Identification Number
344.	Other Payer Patient Identification Number/ Reference Identification Qualifier	2330C - REF01	1W – Member Identification Number IG – Insurance Policy Number SY – Social Security Number	No Current Equivalent	1W – Member Identification Number IG – Insurance Policy Number SY – Social Security Number
345.	Other Payer Attending Provider/ Entity Identifier Code	2330D - NM101	71 – Attending Physician	No Current Equivalent	71 – Attending Physician
346.	Other Payer Attending Provider/ Entity Type Qualifier	2330D - NM102	1 – Person 2 – Non-Person Entity	No Current Equivalent	1 – Person 2 – Non-Person Entity
347.	Other Payer Attending Provider Identification/ Reference Identification Qualifier	2330D - REF01	1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number	No Current Equivalent	1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
348.	Other Payer Operating Provider/ Entity Identifier Code	2330E - NM101	72 – Operating Physician	No Current Equivalent	72 – Operating Physician
349.	Other Payer Operating Provider/ Entity Type Qualifier	2330E - NM102	1 – Person	No Current Equivalent	1 – Person
350.	Other Payer Operating Provider Identification/ Reference Identification Qualifier	2330E - REF01	1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number	No Current Equivalent	1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number
351.	Other Payer Other Provider/ Entity Identifier Code	2330F - NM101	73 – Other Physician	No Current Equivalent	73 – Other Physician
352.	Other Payer Other Provider/ Entity Type Qualifier	2330F - NM102	1 – Person 2 – Non-Person Entity	No Current Equivalent	1 – Person 2 – Non-Person Entity
353.	Other Payer Other Provider Identification/ Reference Identification Qualifier	2330F - REF01	1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number SY – Social Security Number	No Current Equivalent	1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number SY – Social Security Number
354.	Other Payer Referring Provider/ Entity Identifier Code – LOOP DELETED BY ADDENDA	2330G - NM101	DN – Referring Provider P3 – Primary Care Provider	No Current Equivalent	DN – Referring Provider P3 – Primary Care Provider
355.	Other Payer Referring Provider/ Entity Type Qualifier – LOOP DELETED BY ADDENDA	2330G - NM102	1 – Person 2 – Non-Person Entity	No Current Equivalent	1 – Person 2 – Non-Person Entity

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
356.	Other Payer Referring Provider Identification/ Reference Identification Qualifier – LOOP DELETED BY ADDENDA	2330G - REF01	1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number B3 – Preferred Provider Organization Number BQ – Health Maintenance Organization Code Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number SY – Social Security Number X5 – State Industrial Accident Provider Number	No Current Equivalent	1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number B3 – Preferred Provider Organization Number BQ – Health Maintenance Organization Code Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number SY – Social Security Number X5 – State Industrial Accident Provider Number
357.	Other Payer Service Facility Provider/ Entity Identifier Code	2330H - NM101	FA – Facility	No Current Equivalent	FA – Facility
358.	Other Payer Service Facility Provider/ Entity Type Qualifier	2330H - NM102	2 – Non-Person Entity	No Current Equivalent	2 – Non-Person Entity
359.	Other Payer Service Facility Provider Identification/ Reference Identification Qualifier	2330H - REF01	1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number	No Current Equivalent	1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
360.	Institutional Service Line/ Product/Service ID Qualifier	2400 - SV202 - 01	<p>HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes IV – Home Infusion EDI Coalition (HIEC) Product/Service Code. This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used:</p> <ol style="list-style-type: none"> 1) If a new rule names HIEC as an allowable code set under HIPAA 2) For Property & Casualty claims/encounters that are not covered under HIPAA <p>N1 – National Drug Code in 4-4-2 Format N2 – National Drug Code in 5-3-2 Format N3 – National Drug Code in 5-4-1 Format N4 – National Drug Code in 5-4-2 Format Only used if J Codes are not allowed for use under HIPAA. Only use NDC if the provider is functioning in the capacity of a retail pharmacy. For example:</p> <ol style="list-style-type: none"> 1. When a patient receives outpatient care at the provider's facility/office and a drug or biologic is given in conjunction with a service or procedure the submitter must use a HCPCS code for reporting the drug or biologic. 2. When a patient receives outpatient care at the provider's facility/office and the dispensing of a drug or biologic for take home occurs, then submitter must use an NDC to report the drug or biologic. 3. When the provider/caregiver travels to the patient's residence to render care and the furnishing of drugs or biologics occurs then both an NDC and HCPCS must be reported. The HCPCS is reported here (SV101-2) and the NDC is reported in LIN01 of Loop ID - 2410. <p>ZZ – Mutually Defined</p>	<p>No Cur rent Equivalent</p>	<p>HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes IV – Home Infusion EDI Coalition (HIEC) Product/Service Code N1 – National Drug Code in 4-4-2 Format N2 – National Drug Code in 5-3-2 Format N3 – National Drug Code in 5-4-1 Format N4 – National Drug Code in 5-4-2 Format ZZ – Mutually Defined</p>

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
361.	Institutional Service Line/ Unit or Basis for Measurement Code	2400 - SV204	DA – Days F2 – International Unit UN – Unit	No Current Equivalent	DA – Days F2 – International Unit UN – Unit
362.	Line Supplemental Information/ Report Type Code	2400 - PWK01	AS – Admission Summary B2 – Prescription B3 – Physician Order B4 – Referral Form CT – Certification DA – Dental Models DG – Diagnostic Report DS – Discharge Summary EB – Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) MT – Models NN – Nursing Notes OB – Operative Note OZ – Support Data for Claim PN – Physical Therapy Notes PO – Prosthetics or Orthotic Certification PZ – Physical Therapy Certification RB – Radiology Films RR – Radiology Reports RT – Report of Tests and Analysis Report	No Current Equivalent	AS – Admission Summary = 0821 – Admit Face Sheet B2 – Prescription B3 – Physician Order = 0813 – Same B4 – Referral Form CT – Certification DA – Dental Models DG – Diagnostic Report DS – Discharge Summary EB – Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) MT – Models NN – Nursing Notes OB – Operative Note OZ – Support Data for Claim PN – Physical Therapy Notes PO – Prosthetics or Orthotic Certification PZ – Physical Therapy Certification RB – Radiology Films RR – Radiology Reports RT – Report of Tests and Analysis Report
363.	Line Supplemental Information/ Report Transmission Code	2400 - PWK02	AA – Available on Request at Provider Site AB – Previously Submitted to Payer AD – Certification Included in this Claim AF – Narrative Segment Included in this Claim AG – No Documentation is Required BM – By Mail EL – Electronically Only EM – E-Mail FX – By Fax	No Current Equivalent	AA – Available on Request at Provider Site AB – Previously Submitted to Payer AD – Certification Included in this Claim AF – Narrative Segment Included in this Claim AG – No Documentation is Required BM – By Mail EL – Electronically Only EM – E-Mail FX – By Fax

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
364.	Line Supplemental Information/ Identification Code Qualifier	2400 - PWK05	AC – Attachment Control Number	No Current Equivalent	AC – Attachment Control Number
365.	Service Line Date/ Date/Time Qualifier	2400 - DTP01	472 – Service	No Current Equivalent	472 – Service
366.	Service Line Date/ Date Time Period Format Qualifier	2400 - DTP02	D8 – Date Expressed in Format CCYYMMDD RD8 – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	No Current Equivalent	D8 – Date Expressed in Format CCYYMMDD RD8 – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
367.	Assessment Date/ Date/Time Qualifier	2400 - DTP01	866 – Examination	No Current Equivalent	866 – Examination
368.	Assessment Date/ Date Time Period Format Qualifier	2400 - DTP02	D8 – Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 – Date Expressed in Format CCYYMMDD
369.	Service Tax Amount/ Amount Qualifier Code	2400 - AMT01	GT – Goods and Services Tax	No Current Equivalent	GT – Goods and Services Tax
370.	Facility Tax Amount/ Amount Qualifier Code	2400 - AMT01	N8 – Miscellaneous Taxes	No Current Equivalent	N8 – Miscellaneous Taxes
371.	Line Pricing/Repricing Information/Pricing Methodology – NEW SEGMENT ADDED BY ADDENDA	2400 – HCP01	00 - Zero Pricing (Not Covered Under Contract) 01 - Priced as Billed at 100% 02 - Priced at the Standard Fee Schedule 03 - Priced at a Contractual Percentage 04 - Bundled Pricing 05 - Peer Review Pricing 06 - Per Diem Pricing 07 - Flat Rate Pricing 08 - Combination Pricing 09 - Maternity Pricing 10 - Other Pricing 11 - Lower of Cost 12 - Ratio of Cost 13 - Cost Reimbursed 14 - Adjustment Pricing	No Current Equivalent	00 - Zero Pricing (Not Covered Under Contract) 01 - Priced as Billed at 100% 02 - Priced at the Standard Fee Schedule 03 - Priced at a Contractual Percentage 04 - Bundled Pricing 05 - Peer Review Pricing 06 - Per Diem Pricing 07 - Flat Rate Pricing 08 - Combination Pricing 09 - Maternity Pricing 10 - Other Pricing 11 - Lower of Cost 12 - Ratio of Cost 13 - Cost Reimbursed 14 - Adjustment Pricing
372.	Line Pricing/Repricing Information/Product/Service ID Qualifier – NEW SEGMENT ADDED BY ADDENDA	2400 – HCP09	HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes. This code includes Current Procedural Terminology (CPT) and HCPCS coding.	No Current Equivalent	HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes..

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
373.	Line Pricing/Repricing Information/Unit or Basis for Measurement Code – NEW SEGMENT ADDED BY ADDENDA	2400 – HCP11	DA – Days UN - Unit	No Current Equivalent	DA – Days UN - Unit
374.	Line Pricing/Repricing Information/Reject Reason Code – NEW SEGMENT ADDED BY ADDENDA	2400 – HCP13	T1 - Cannot Identify Provider as TPO (Third Party Organization) Participant T2 - Cannot Identify Payer as TPO (Third Party Organization) Participant T3 – Cannot Identify Insured as TPO (Third Party Organization) Participant T4 - Payer Name or Identifier Missing T5 - Certification Information Missing T6 - Claim does not contain enough information for repricing	No Current Equivalent	T1 - Cannot Identify Provider as TPO (Third Party Organization) Participant T2 - Cannot Identify Payer as TPO (Third Party Organization) Participant T3 – Cannot Identify Insured as TPO (Third Party Organization) Participant T4 - Payer Name or Identifier Missing T5 - Certification Information Missing T6 - Claim does not contain enough information for repricing
375.	Line Pricing/Repricing Information/Policy Compliance Code – NEW SEGMENT ADDED BY ADDENDA	2400 – HCP14	1 - Procedure Followed (Compliance) 2 - Not Followed - Call Not Made (Non-Compliance Call Not Made) 3 - Not Medically Necessary (Non-Compliance Non-Medically Necessary) 4 - Not Followed Other (Non-Compliance Other) 5 - Emergency Admit to Non-Network Hospital	No Current Equivalent	1 - Procedure Followed (Compliance) 2 - Not Followed - Call Not Made (Non-Compliance Call Not Made) 3 - Not Medically Necessary (Non-Compliance Non-Medically Necessary) 4 - Not Followed Other (Non-Compliance Other) 5 - Emergency Admit to Non-Network Hospital
376.	Line Pricing/Repricing Information/Exception Code – NEW SEGMENT ADDED BY ADDENDA	2400 – HCP15	1 - Non-Network Professional Provider in Network Hospital 2 - Emergency Care 3 - Services or Specialist not in Network 4 - Out-of-Service Area 5 - State Mandates 6 - Other	No Current Equivalent	1 - Non-Network Professional Provider in Network Hospital 2 - Emergency Care 3 - Services or Specialist not in Network 4 - Out-of-Service Area 5 - State Mandates 6 - Other
377.	Drug Identification/Product/Service ID Qualifier – NEW 2410 LOOP ADDED BY ADDENDA	2410 – LIN02	N4 – National Drug Code in 5-4-2 Format	No Current Equivalent	N4 – National Drug Code in 5-4-2 Format

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
378.	Drug Pricing/Unit or Basis for Measurement Code	2410 – CTP05-01	F2 – International Unit GR – Gram ME – (DELETED) ML – Milliliter UN – Unit	No Current Equivalent	F2 – International Unit GR – Gram ME – (DELETED) ML – Milliliter UN – Unit
379.	Prescription Number/Reference Identification Qualifier	2410 – REF01	XZ – Pharmacy Prescription Number	No Current Equivalent	XZ – Pharmacy Prescription Number
380.	Attending Physician Name/ Entity Identifier Code	2420A - NM101	71 – Attending Physician	No Current Equivalent	71 – Attending Physician
381.	Attending Physician Name/ Entity Type Qualifier	2420A - NM102	1 – Person 2 – Non-Person Entity	No Current Equivalent	1 – Person 2 – Non-Person Entity
382.	Attending Physician Name/ Identification Code Qualifier	2420A - NM108	24 – Employer's Identification Number 34 – Social Security Number XX – Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 – Employer's Identification Number 34 – Social Security Number XX – Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
383.	Attending Physician Specialty Information/ Provider Code	2420A - PRV01	AT – Attending	No Current Equivalent	AT – Attending
384.	Attending Physician Specialty Information/ Reference Identification Qualifier	2420A - PRV02	ZZ – Mutually Defined	No Current Equivalent	ZZ – Mutually Defined

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
385.	Attending Physician Secondary Identification/ Reference Identification Qualifier	2420A - REF01	0B – State License Number 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number SY – Social Security Number X5 – State Industrial Accident Provider Number	No Current Equivalent	0B – State License Number 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number SY – Social Security Number X5 – State Industrial Accident Provider Number
386.	Operating Physician Name/ Entity Identifier Code	2420B - NM101	72 – Operating Physician	No Current Equivalent	72 – Operating Physician
387.	Operating Physician Name/ Entity Type Qualifier	2420B - NM102	1 – Person	No Current Equivalent	1 – Person
388.	Operating Physician Name/ Identification Code Qualifier	2420B - NM108	24 – Employer's Identification Number 34 – Social Security Number XX – Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 – Employer's Identification Number 34 – Social Security Number XX – Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
389.	Operating Physician Specialty Information/ Provider Code	2420B - PRV01	OP – Operating	No Current Equivalent	OP – Operating
390.	Operating Physician Specialty Information/ Reference Identification Qualifier	2420B - PRV02	ZZ – Mutually Defined	No Current Equivalent	ZZ – Mutually Defined

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
391.	Operating Physician Secondary Identification/ Reference Identification Qualifier	2420B - REF01	0B – State License Number 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number SY – Social Security Number X5 – State Industrial Accident Provider Number	No Current Equivalent	0B – State License Number 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number SY – Social Security Number X5 – State Industrial Accident Provider Number
392.	Other Provider Name/ Entity Identifier Code	2420C - NM101	73 – Other Physician	No Current Equivalent	73 – Other Physician
393.	Other Provider Name/ Entity Type Qualifier	2420C - NM102	1 – Person 2 – Non-Person Entity	No Current Equivalent	1 – Person 2 – Non-Person Entity
394.	Other Provider Name/ Identification Code Qualifier	2420C - NM108	24 – Employer's Identification Number 34 – Social Security Number XX – Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 – Employer's Identification Number 34 – Social Security Number XX – Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
395.	Other Provider Specialty Information/ Provider Code	2420C - PRV01	OT – Other Physician PE – Performing	No Current Equivalent	OT – Other Physician PE – Performing
396.	Other Provider Specialty Information/ Reference Identification Qualifier	2420C - PRV02	ZZ – Mutually Defined	No Current Equivalent	ZZ – Mutually Defined

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
397.	Other Provider Secondary Identification/ Reference Identification Qualifier	2420C - REF01	0B – State License Number 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number SY – Social Security Number X5 – State Industrial Accident Provider Number	No Current Equivalent	0B – State License Number 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number SY – Social Security Number X5 – State Industrial Accident Provider Number
398.	Referring Provider Name/ Entity Identifier Code – DELETED BY ADDENDA	2420D - NM101	DN – Referring Provider	No Current Equivalent	DN – Referring Provider
399.	Referring Provider Name/ Entity Type Qualifier – DELETED BY ADDENDA	2420D - NM102	1 – Person 2 – Non-Person Entity	No Current Equivalent	1 – Person 2 – Non-Person Entity
400.	Referring Provider Name/ Identification Code Qualifier – DELETED BY ADDENDA	2420D - NM108	24 – Employer's Identification Number 34 – Social Security Number XX – Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 – Employer's Identification Number 34 – Social Security Number XX – Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
401.	Referring Provider Specialty Information/ Provider Code – DELETED BY ADDENDA	2420D - PRV01	RF – Referring	No Current Equivalent	RF – Referring
402.	Referring Provider Specialty Information/ Reference Identification Qualifier – DELETED BY ADDENDA	2420D - PRV02	ZZ – Mutually Defined	No Current Equivalent	ZZ – Mutually Defined

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
403.	Referring Provider Secondary Identification/ Reference Identification Qualifier – DELETED BY ADDENDA	2420D - REF01	0B – State License Number 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number B3 – Preferred Provider Organization Number BQ – Health Maintenance Organization Code Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number SY – Social Security Number X5 – State Industrial Accident Provider Number	No Current Equivalent	0B – State License Number 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number B3 – Preferred Provider Organization Number BQ – Health Maintenance Organization Code Number EI – Employer's Identification Number G2 – Provider Commercial Number LU – Location Number N5 – Provider Plan Network Identification Number SY – Social Security Number X5 – State Industrial Accident Provider Number

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#	Code or Value Set (Element Name)	Loop - Segment Element	HIPAA Code Values	AHCCCS Values & Descriptions	Mapping Decision
404.	Service Line Adjudication Information/ Product/ Service ID Qualifier	2430 - SVD03 - 01	HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes IV – Home Infusion EDI Coalition (HIEC) Product/Service Code This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA. N1 – National Drug Code in 4-4-2 Format – DELETED BY ADDENDA N2 – National Drug Code in 5-3-2 Format – DELETED BY ADDENDA N3 – National Drug Code in 5-4-1 Format – DELETED BY ADDENDA N4 – National Drug Code in 5-4-2 Format Only used if J Codes are not allowed for use under HIPAA ZZ – Mutually Defined	No Current Equivalent	HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes IV – Home Infusion EDI Coalition (HIEC) Product/Service Code N1 – National Drug Code in 4-4-2 Format N2 – National Drug Code in 5-3-2 Format N3 – National Drug Code in 5-4-1 Format N4 – National Drug Code in 5-4-2 Format ZZ – Mutually Defined
405.	Service Line Adjustment/ Claim Adjustment Group Code	2430 - CAS01	CO – Contractual Obligations CR – Correction and Reversals OA – Other adjustments PI – Payor Initiated Reductions PR – Patient Responsibility	No Current Equivalent	CO – Contractual Obligations CR – Correction and Reversals OA – Other adjustments PI – Payor Initiated Reductions PR – Patient Responsibility
406.	Service Adjudication Date/ Date/Time Qualifier	2430 - DTP01	573 – Date Claim Paid	No Current Equivalent	573 – Date Claim Paid
407.	Service Adjudication Date/ Date Time Period Format Qualifier	2430 - DTP02	D8 – Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 – Date Expressed in Format CCYYMMDD